0 0

TO HOSP

VS A15 (4) 15M 9/58

08545

8611 **CERTIFICATE OF DEATH** 

		-	~
200	Diet	No	

1. PLACE OF DEATH o. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (W o. STATE Marylan		l. If institution b. COUNTY	m: Residence befo	re admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fruitland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		mits, write Rl	JRAL ond give ned	arest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION  Meadowbridge Rd.	address)	d. STREET ADDRESS Staton	St.			e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) JOAN WEST	Middle PHEAD	ATKINSON	4. DATE OF DEATH	Moni	h 00	y Year 19 60
5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH	las	GE (In years it birthdoy)  37 yrs.	IF UNDER 1 YEAR Manths Doys	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  housewife	own home			)	12. CITIZEN OF Engli	sh V
13. FATHER'S NAME  John Westhead		14. MOTHER'S MAIDEN Harriet	NAME			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		Samuel C. At	kinson, S	Addr taton		
Conditions, if ony, which gove rise to immediate cause (o).  PART II. OTHER SIGNIFICANT CONDITIONS OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHER WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTHER WAS UNDERLYING DATE).	CONTRIBUTING TO DEATH BUT	4	AINAL DISEASE CON	NDITION GIV	EN IN PART I(a)	9. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRED					
Hour o. m. While		ACE OF INJURY (Home, for tory, street, office bldg., et		wn)	(County)	(Stote)
21. I certify that I attended the decease alive an	Insley	accurred at # 2		causes and city or town, and	d an the date stote)	8-1-60
REMOVAL (Specify) 8/2/1960  23. FUNERAL DIRECTOR'S SIGNATURE	ST GOM OF CEMETERY OF	emelly	TO BY REGISTRAR	24b. REGIS	TPAR'S SIGNATH	yland
Hill & Johnson Co.	Salisbury		AUG 4 '60	ZAD. KEO!	10mg 1.70	gtiva

on Strep IV A Dan John de tradit (f. 1922). A comingration of the first . Toward L. Alliants, Marton St. Yundelis up not not by a little

FOR STATE TO DEFOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an eleay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form RM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heelith, or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

2

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL PESEAPCH AND PECOPOS 08546

-			0 11	~	DIIONE KESENIK	on and medales,	201 1 1752. 414 2	
	R	6	Ŧ	3	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH

a. COUNTY	1.53		a, STATE	h Co	OUNTY	ence before edmission
	Vicomico	MARYLAND		laryland		nico
b. CITY OR TOWN	(if outside corporate limits, and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits,	write RURAL and giv	re nearest town)
Nanti		life	Nont	icoke		
d. NAME OF HOSE	PITAL OR INSTITUTION (if not I		d. STREET ADDRESS	TCOTO		e. IS RESIDENCE
						ON A FARM?
. NAME OF	First	Middle	Last	4. DATE M	onth Da	
(Type or print)				OF DEATH		
5. SEX	Robert	Fulton Bar	DATE OF BIRTH		-28-60	19
. JEA	o. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED		last birthda	ears   IF UNDER 1 YEA	
M		OWED DIVORCED	5-9-1906	54		
	TION (Give kind of work vorking life, even if retired)	06. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Watermar		Seafood	Maryl	and	US	2 4
3. FATHER'S NAME		Doar coa	Mary 1	NAME	- U	J A
Tales T	Descriptions (Description	-3-7 \	W-4473-			
5. WAS DECEASED E	VER IN U.S. ARMED FORCES?	CKLEY) 16. SOCIAL SECURITY NO. 17. I	Matilds NFORMANT		iress	
	(If yes give war or dates of service)					
Yes	DEATH [Enter only one cause	167-16-7868	Wife- Paul	ine- Nanti		
	TH WAS CAUSED BY:	per line for (a), (b), and (c).				ONSET AND DEATH
PART I. DEA	IMMEDIATE CAUSE (a)	Drowning-				Sudden
050	DUE TO					
Conditions, if an	ny, which ) (b)					
gave rise to imme-	- DHE TO	PROPERTY.	Harris Market And			
(a), stating the cause last.	underlying					
	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1(a)	19. WAS AUTOPSY
2					0.70, 11, 17, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	PERFORMED?
5						YES X NO
PART II. OTH	ONTRIBUTING 🔲	ESCRIBE HOW INJURY OCCURED. (E	nter nature of injury in Pa	rl I or Parl II of item 18.)		
			while fis			
20c. TIME OF INJ	1.	20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, fari	m, 20f. (City or town)	(County)	(State)
20c. TIME OF INJ			ticoke Riv		Wicomico	o Md.
		remains described above, he				nd in my opinion
death resulted			-	Contractive Contractive Contractive		o iii iiiy opiiiioii
dealli lezuiled	alural causes	, Accident X , Suici			Intamiler _	
T CHILLY	12 XI	1	CHIEF MEDICAL			
ACTUAL SIGNATURE	10001CV	7	M.D. ASSISTANT MED	DICAL EXAMINER		DATE SIGNED
EXAMINER'S			DEPUTY MEDICA	L EXAMINER X	8-1-60	
NAME (Type)	Earl L. Ro	yer, M.D.	Add O Tree	amden Ave.	Salisbu	ry. Md.
28. BURIAL, CREMATI REMOVAL (Specif	ION, 226, DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (CITY, 10	own, or country)	(State)
		37 11 3 0		Manha and	- 262	
23. FUNERAL OILLE	GR 7-31-60	Nanticoke Ce Salisbury,	metery 24a. REC	C'D BY REGISTRAR 248.	REGISTRAR'S SIGNA	ATURE
Thornt	on B. Jolley	Salisbury,	Ind.	16 9 '60	archun S. Kr	alla
			DATE AL	10 9		

92530			11.118
ocimonis	Logrand		ool epik
	asicolina)	0111	Mantheolica
A Section			dire dozi
	12		
ABULL	bne fyrei	beviles	namedali
	abiliat		Folm Barkley 11
.De cortes	for Paul Con Warre	Mi Decementar	aey
menton		-5.0000000	
		e read more Liebs	
. Ni calipoit			(i) = (2 - 1)
PRODUCTION OF			
	1-87 Carrion Ave.	* C. E.	1 1905
, 04 , 0	foolens Vanadori	e do en	Henrick 7-31-60 Newscon #, Joles

AU JACK VIEW NAME OF THE PROPERTY OF THE PROPE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8564

#### CERTIFICATE OF DEATH

08547

2				Neg. Dist.	, 140,
The same	PLACE OF DEATH O. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Where dece		before odmission)
1	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest fown) Md.	6. LENGTH OF STAY IN 16 6 Weeks	Sharptown,	rporote limits, write RURAL and glv	re nearest lawn)
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION HILL NUTS	et oddress) sing Home	d. STREET ADDRESS Main St.		e. IS RESIDENCE ON A FARMY YES NO
	3. NAME OF DECEASED (Type or print) Edna First		ennett 4. DAY	_	Day Yeor 1960
	5. SEX F 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV 30, 1892		YEAR IF UNDER 24 HRS. Pays Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done to during most of working life, even if retired) Housewife	Ob. KIND OF BUSINESS OR INDUS Own Home	SUSSEX COU		EN OF WHAT COUNTRY
/	George S. Phillips		14. MOTHER'S MAIDEN NAME Gazie Hitch	1	
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		Mrs. Virgil Da	vis Salisbur	cy, Ivid.
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 11. OTHER SIGNIFICANT CONDITION	IS <u>CON</u> TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES   NO [7]
7	PART 11. OTHER SIGNIFICANT CONDITION  200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or	Port II of item 18.)	
	Hour a.m. Wh	in the second se	ACE OF INJURY (Home, farm, 20f. (ctory, street, office bldg., etc.)	City ar town) (Co	unty) (State)
	SIGNATURE WILBUR R. E. NAME (Type)		accurred at Q A-M, f	7, 1960, that I la ram the causes and an the is (Street, city or town, state)	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 7-9-60	22c. NAME OF CEMETERY O	R CREMATORY 22d.10	cation (City, town, or county) narptown, had.	(State)
	23. FUNERAL DIRECTOR'S SURVEYURE HOME Smith Funeral Home	ADDRESS Sharptown,	Md . DATE HILL 1.1		

may be refained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and a should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours offer

OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

s ofter death. Page 4

VS A15 (4)

	A. S.	HTASO TO STADISTICATE OF DEATH					
The second of th							
The second secon							
PARTITION OF THE PROPERTY OF T							
The second of th							
AND MAN TO SELECTION OF THE PROPERTY OF THE PR							
The manufacture of the manufactu				Yell Golden			
The property of the property o							
The second of th							
The many services and any form and the services and the s				olber sant			
How we get a 1880 to the second secon				RESERVE T			
The state of the s				20 A - 12			
The state of the s							
				21. Exectly shall			
				The Constitution			
			MATERIAL PROPERTY OF THE PARTY	Tollers As 16			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTAGO TO SPANNING Estable Sunt Hille Buch tt. the will see a first the gar of the letter my Frankling Frankling Market Marie Commenter of the Comment of th Afternal management of the second of 1977 

22c. NAME OF CEMETERY OR CREMATORY

Iruno

ADDRESS

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

2 0 '60

(State)

May be retained by the I Selve Buse 3 shauld be

PHYSICIAN'S NAME (Type)

Surve

22a. BURIAL, CREMATION, 22b. DATE THEREOF

23. FÜNERAL DIRECTOR'S SIGNATURE

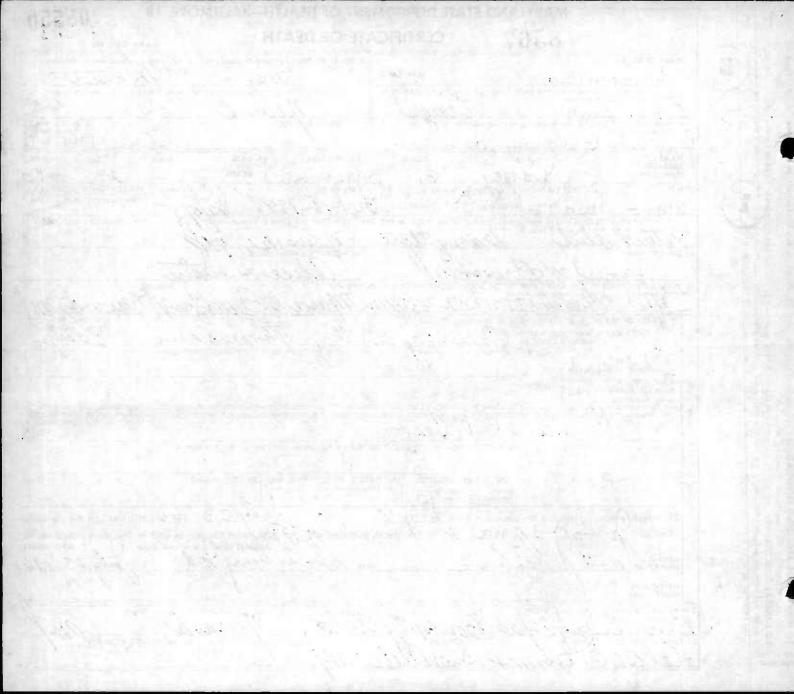
certificate

death

page 10 VS A15 (4)

pental - Market Harris Land Land Land The second section is a second second

fune fune			SALISBUAY 8 Bays Mewash	
afte by the	182	10	d. NAME OF HOSPITAL (If not in Hospital, give street oddress) OR INSTITUTION ENINSULA GENERAL HOSPITAL	e. IS RESIDENCE ON A FARM? YES NO
d in I	pr.	3.		Month Day Year
fille			(Type or print) LOWLY 6, BRADFORD DEATH JU	1 L4 23 1960 Years IF UNDER 1 YEAR IF UNDER 24 HR
with Po		5. 3	lost pirthe	
cuted		100	Do. USUAL OCCUPATION (Give kind of work done 10). KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY
and con p			Kellred fellis sharry store Melwars, my	
cian carb		13.	3. FATHER'S NAME	
physic physic physic physic physic physic physic			5. WAS DECEASED EVER IN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  10. NO. by updnown)   JL yet give worder defect of service)	Address
th ce ding ase re		-	Jer Warthan II 219-07-7536 mm Marce le Gradfor	of phrack, my
atten oplec			PART I. DEATH [Enter only one couse peckine for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
of the Ther			DUE TO	0000
es the			Conditions, if ony, which gove rise to immediate (b)	
sign.		18	couse (o), stoting the <u>under-</u> lying couse lost.	
physicic physicic as been ial-trans	0	CATION	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED?
tending ificate h		L CERTIFI		3.)
PHYSIC fal or at this cert ir use as		MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not white of work of work of work 19 of work 19 Not white of work 19 Not white of work 19 Not wo	(County) (Stote
hospii Affer ed fo			I DATE I A TO A	Othat I last saw the decease
the OR: OR:			alive an July 31, 1900 and that death accurred at 17 P.M from the cause:  ADDRESS (Street, kity or, t	s and on the date stated above town, stote) DATE SIGNE
RECT RECT be d	1		SIGNATURE and I selume M.D. Stalisbury Hil	July 23 190
retain RAL DI should			PHYSICIAN'S NAME (Type)	
may be retain by FUNERAL Page 3 should the registron		22	SEMINAL, CREMATION, APO. DATE THEREOF 22C NAME OF COMETERS OR CREMATORY. 22d. LOCATION (City, to Seminatory)	oyn, or county) (Stote)
FF	0	23.	B. FUNERAL PIRECTOR'S SIGNATURE DODRESS 1240. REC'D'BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE
VS A15 (4) 15M 9/5B	D,	-	May & Chimis Snow Hell, mg DATE JUL 26'60	
			V.	



ecu		Can	pap	440
TO HOSPI OR ATTENDING PHYSICIAN: The law requires that the death certificate be execut	May be retained by the hospital ar ottending physicion.	pur	uo	4
be		ur o	grb	d
ote		icio	7	-
tific		hys	3	-
Cer		9	rer	700
th		din	ase	. 1
dec		tter	ple	14:
the		e	en	44
to		t th	F	-
S +		P	E	-
oire		gne	peri	
req	on.	Sig	\$it	7
3	Sicion	eer	ran	-
e lo	phy	as p	=	4
T	9	e h	DUL	1
Z	ndir	cate	e k	1
CI	otte	rtifi	1 50	1
IYS	ar	Ce	se c	4
H	0	this	I C	1
S	spi	er	J fo	4
9	2	AF	hec	-
TEN	the	ä	etac	4
A	þ	Ü	e d	40 4
OR	peu	i RE	P	
R	tail	1	onlo	-
id	e re	ERA	3 sh	
OS	y b	Z	Je .	-
I	ma	1	pag	46.0
T		T		
VS	A1	5 (	4)	
137	¥1 7	/ 31	,	

	MARYLAND	STATE DEPARTA	MENT OF HEALT	H-BALTIMO	RE, 18	BCFF.
	8568	CERTIFIC	ATE OF DEAT	Н	Reg. Dist	U8551
o. COUNTY	comico	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary]	h. C	COUNTY	before admission) OM1CO
RURAL and give no	outside corporate limits, write earest town)	c. LENGTH OF STAY IN 16		outside corporate limits	s, write RURAL ond gi	ve nearest tawn)
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, give street  A SENERAL	HOSPITAL	d. STREET ADDRESS	Phillips	Ave.	e. IS RESIDENC ON A FARM YES NO
B. NAME OF DECEASED (Type or print)	CUTHBERT	STEVENS Se	LOST L LOSE WATER	4. DATE OF DEATH	Manth 1/4	Day Year 196
MALE	6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH NOV. 1,190	9. AGE (1. light b) 53	(In years IF UNDER 1 months pyrs.	YEAR IF UNDER 24 H Days Hours Mi
Jewelery	ON (Give kind of work done 10b king life, even if retired) Store Owner		New Cast	tle, Delawa		J S A
3. FATHER'S NAME Frank E	.BRIDGEWATER		Ethel St			
S. WAS DECEASED EVE		. SOCIAL SECURITY NO.	Phillips	D.Bridgewa	ater Wife	e)1004 Ea
Conditions, if o gove rise to it couse (o), stoting lying couse lost.  PART II. OTH	m mediate (	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CONDIT	TION GIVEN IN PART	1(a) 19. WAS AUTOF PERFORMED
PART II. OTH	AS UNDERLYING 20b. DE:	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Port II of iten	m 18.)	YES NO
20c. TIME OF INJUR Hour a.m. p. m.	RY Month, Day, Year 20d. White		LACE OF INJURY (Home, for actory, street, office bldg., e	m, 20f. (City or town)	(Co	ounty) (St
21. I certify the olive on	ot oftended the deceo		h occurred at 3 9	ADDRESS Street, city		
	.David J.Gil	more	Medical Cer		lisbury,	Maryland
220. BURIAL, CREMATIO REMOVAL (Specify) BUrial	DN, 226. DATE THEREOF  July 12, 19	22c. NAME OF CEMETERY	Cemetery	22d. LOCATION (City Salisb)	y, town, or county) ury Mary	(State) Land
HOLLOWAY		ADDRESS	AND DATE	C'D BY REGISTRAR 2	Chillian & M	

REAL POSTA DIVIDES enthules aldes well not make a member of members The state of the s . 200 - 100 And the control of th

REPLY THE CONTRACTOR STATES TO STATE OF STATES AND ASSESSED.

199

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND (DH) CERTIFICATE OF DEATH 08552

8.5	69	(DH	) CERTIFI	CATE	OF DEAT	Н		0.00		
1. PLACE OF DEATH		Ly 173			USUAL RESIDENCE	(Where deceas	ed lived. If inst		lence before o	dmission)
Wi	.comico		MARYL	AND		yland	b. CO0		icomic	30
b. CITY OR TOWN (II RURAL ond give ne Se		its, write c.	LENGTH OF STAY I	N 16	Sal		orote limits, wr		d give nearest	town)
d. NAME OF HOSPIT. OR INSTITUTION	AL (If not in hospitol,		ress)		d. STREET ADDRESS					S RESIDENCE ON A FARM? ES NO T
	n Gen Ho		A41.1.01		R.D		Zion_	Rd)		
NAME OF DECEASED (Type or print)	JOH	N	ALBERT		BURTON	4. DATE OF DEATH		Month JL Y	6th	19 60
. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		ATE OF BIRTH		9. AGE (In ye			UNDER 24 HRS
Male	White	WIDOWED	DIVORCED		Dec. 20,	1871	lost birthid	yrs.	00/3	
	N (Give kind of working life, even if retired oft Drin	) _	of Business or Bottler	INDUSTRY	Marvla	_	country)	12.0	ITI S	HAT COUNTRY
B. FATHER'S NAME	010 -1 1.1	11 1	000101	1	4. MOTHER'S MAIDE	N NAME			0 0 1	
Orlando E	Burton				Mary M	umford	- 45	216		
Yes, no, or unknown) No	R IN U. S. ARMED FOI If yes, give war or doles of		CIAL SECURITY NO.		Harvey R ion Rd)	uark(S	Son-In-	Address Law)	R.D.#	# 5
Conditions, if or gove rise to in couse (o), stoting lying couse lost.	nmediote (	, the	an time	rul	ather	onli	notin		4	lan
PART II. OTH	ER SIGNIFICANT CON	IDITIONS CON	TRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TE	RMINAL DISEA	SE CONDITION	GIVEN IN P	P	WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIB	N/A	CURRED. (E	inter noture of injury	in Port I or Po	ort II of item 18	.)		
Hour a. m.	Y Month, Doy, Ye	while of work	Not while	foctory	OF INJURY (Home, street, office bldg.,	form, 20f. (Ci etc.)	ty or town) N/A	1, 1	(County)	(Stote
21. I certify tha	t (l) (this haspita ed alive	1) attended	, ,		h occurred of	30 P. M.	the causes			(I) (we) las
22o. SIGNATURE	A A	4		(M.D	ATTENDING X	MED. DIRECTOR	STAFF		uly	22b. DATE SIGNEI
22c. PHYSICIAN'S NAME (Type)	r.O.J.Bu	rton			22d. ADDRESS 211 Ma	ryland	Ave.	Sali	sbury	Maryl
Bo. BURIAL, CREMATIO REMOVAL (Specify) Burial	July 9		Parso:		REMATORY Emetery		ation (City, 10	rv. Ma	arvlar	(Stote)
4. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS		25a. F	EC'D BY REGI		REGISTRAR'S		
HOLLOWAY	& COMPAN	Y - SA	LISBURY	MAR	YLAND DATE	JUL 15	60	Quina.	B. Frank	

Chicago, Carried St. Communication CONTRACTOR OF THE PARTY OF THE monthles and server and benichman the state of the s garden a way the said the The way of the way of Commence and all the last , There is .evi beriges his Andrews, which is the state of CONTROL OF COURSE DIRECTOR COMMISSION A MANAGEMENT

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) PLACE OF DEATH y is necess... I director. Page a. COUNTY Wicomico b. COUNTY Wicomico Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. GUY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Salisbury Parsonsburg (Rural) Board S. Route# 13 (Delmar Road)
D. a.A. Pen Gen. Hospital Po d. STREET ADDRESS e. IS RESIDENCE ould be executed within 24 hours after death. If any way "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained fo burial-transit permit. File pages 1 and 2 with the State Bo moval, and in any event within 72 hours after death. ON A FARM? R.D.# 2(Walston NAME OF Middle DATE DECEASED OF ERVIN COFFIN 21st 1960 T.EE TITLY. (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Male 1945 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) None - School Boy Salisbury, Maryland None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Georgianna Hobbs George Thomas Coffin any event MEDICAL EXAMINER: This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. W. INFORMANT Coffin(Father) R.D (Yes, po, or unkown) | (If yes give war or datas of service) .George Thomas Parsonsburg, Maryland Walston 18. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: SKILL IMMEDIATE CAUSE (a) 10 min DUE TO removal, (b) "pending" lease execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a r its designated agent, prior to burial, cremation, or ren DUE TO (a), steting the underlying cause lest PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V 200. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY or CONTRIBUTING OLLISION AND 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED # 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (Stete) factory, street, offica bldg., etc.) Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from: Accident L Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Dr. Earl L. Rover Ave. (sSalisbury, Maryland 407 Camden DEP 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify)
Burial 24.196b Wicomico Memorial Park 940 6 July Salisbury, Marylland 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME HOLLOWAY & COMPANY SALISBURY MARYLAND 5M 7/59 DATE JUL 2 6 '60 arthur S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

THE RESIDENCE OF CONTROL OF THE PROPERTY OF TH calmonia horave each workfooth - the E SELL CONTROL OF THE SELECTION OF THE S The second of th practical, white and the property of the prope THE TANK OF BUILDING THE PARTY OF THE PARTY PLACE OF DEATH

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Wicomico b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If a tside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) Salisbury days d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Head State Hospital YES NO NO 4. DATE OF DEATH NAME OF Middle Last Year DECEASED July 1960 (Type or print) Emma Conver 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last by thaay) Manths WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) ook 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Recurrent cerebral thrombosis hours IMMEDIATE CAUSE (a) DUE TO Hypertensive arteriosclerotic cardiovascular Years Canditians, if any, which gave rise to immediate disease DUE TO cause (a), stating the under-Arteriosclerosis, general lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, | 20f. (City ar tawn) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark May 2 21. I certify that (1) (this haspital) attended the deceased fram.... 20PM, fram the causes and an the date stated above. saw the deceased alive an July 14, 1960, and that death accurred at 22a. SIGNATURE 22b. DATE urruar SIGNED STAFF PHYS. DIRECTOR -22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Juerman, M. Head State Hospital, Salisbury, Md. 23a. BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d. AOCATION (City, tawn, or county) 25b. REGISTRAR'S SIGNATUR 25a. REC D BY REGISTRAR

directar, funeral with

filed

pe

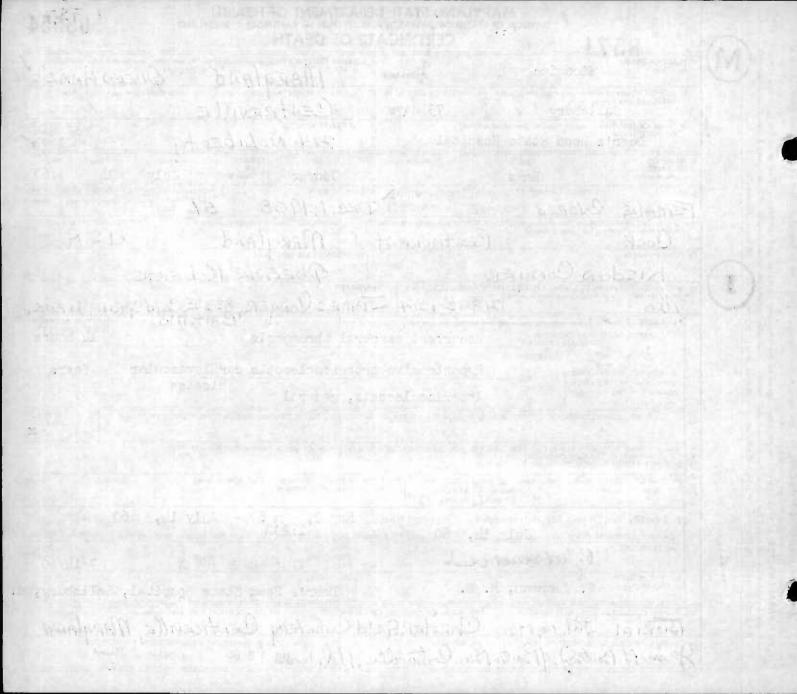
shauld

by and .5 filled Poges campletely popers. and pou 72 Car physician remave ottending please any by signed physician. burial-transit has been detached FUNERAL DIRECTOR: age 3 should be detact

requires that the death certificate

page 3 sh the State 1 0 VR A15 (4) 1SM 9/S9

8 remined af



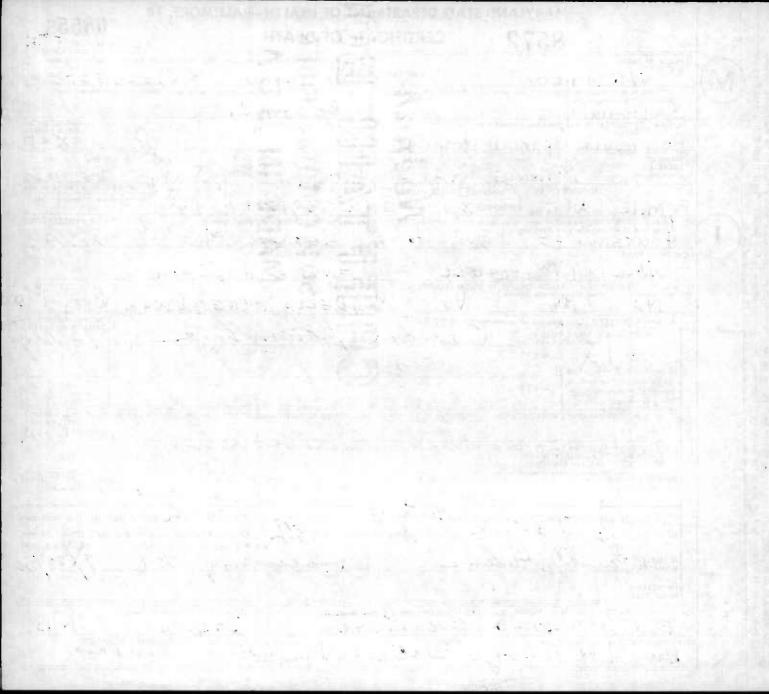
VS A15 (4) 1SM 9/SB

08555

Reg. Dist. No.

DECEASED  I (Type or print)  I (		
D. CITY DE TOWN (If onlinds corporate limin), write course town of the control of the composition of the com	a COUNTY	a STATE b. COUNTY
RURAL COD RESTRACE (IT only hospitol, give street odders)  OLD STANKE OF HOSPITAL (IT only hospitol, give street odders)  ON INSTITUTION OF COLOR OF RACE (7) MARRIED (100)  NAME OF HOSPITAL (IT only hospitol, give street odders)  ON INSTITUTION OF COLOR OF RACE (7) MARRIED (100)  ON INSTITUTION OF COLOR OF COLO	VVICOINICO	1.113 YEARD WORLDSTUR
d. STREET ADDRESS  o. IS RESIDENCE ON RISTRITUTION  of ROSTITAL (If not) in hospital, give latered oddress)  of RISTRITUTION  of ROSTITAL (If not) in hospital, give latered oddress)  of RISTRITUTION  of RISTRIT		
OR INSTITUTION CERCEASED First Middle CECEASED First Middle CECEAS		
DECEASED  I (Type or print)  I (	OR INSTITUTION	ON A FARM?
Type or print)    N	3. NAME OF First Middle	
DOUGHT ON THE PROPERTY OF THE		Cropper DEATH JULY 25 1960
DIVORCED DIVORCED DIVORCED OCUTATION (City Index of work done in the index of the i	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	ST STATE OF STATE
3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECLASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  16. CAUSE OF DEATH [Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (b), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (c), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (c), and (c), 1)]  18. CAUSE OF DEATH (Enter only one couse per line (apr (o), (c), and (	Female White WIDOWED DIVORCED	
3. FATHER'S NAME    AMOTHER'S MAIDEN NAME   AMOTHER'S MAIDEN NAME   ADDRESS	100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  AN IS HOLLAND  INFORMANT  Address  Address  Address  ADRESS DECEASEDEVER IN U. S., ARMED FORCES? 16. SOCIAL SECURITY NO.  INFORMANT  Address  ADRESS OF DEATH [Enter only one course per line for (o), (b), and (c)}  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if only, which gove rise to immediate pour loo, toling the under  I/r course (o), tholing the under  I/r grouse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED'Y PE		E BERLIN MO USA
It was given for or older of terrical   It was given for or older of terrical   It was course for older ol	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
It was given for or older of terrical   It was given for or older of terrical   It was course for older ol	WILLIAM MITCHELL	ANNIE HOLLAND
It was given for or older of terrical   It was given for or older of terrical   It was course for older ol	IS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO.	INFORMANT Address A
PART I. DEATH WAS CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a)  DUE TO  Conditions, if ony, which gove rise to immediate (b) DUE TO  Using couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19	(Yes, no, or unknown) (It yes, give for or dates of service)	MRS. DELLA PARKER OCEAN CITY MI
PART I. DEATH WAS CAUSE (8)  DUE TO  Conditions, if ony, which gove rise to immediate cause (a), storing the under lying course lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF CO	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),	INTERVAL BETWEEN
DUE TO  Conditions, if ony, which gove rise to immediate cause (o), storing the yarder lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMATORY YES   NO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19.		I demontage 12 day
Conditions, if ony, which gove rise to immediate cause (o), stoting the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19, WAS AUTOPSY PERFORMED? YES NO DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year While of Work of Other of County, street, office bidg., etc.) 1 Certify that I attended the deceased from the p.m. 19 While of Work o		
gove rise to immediate cause (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work	gove rise to immediate	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING ACUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of	Lying cours lest	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of two	, (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTORSY
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of two	O FAMILIE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	PERFORMED?
21. I certify that I attended the deceased from Male 13 1800 to place 15 1900 M., from the causes and an the date stated above DATE SIGNATURE DATE SIGNATURE M.D	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCU OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Port I or Port II of item 1B.)
21. I certify that I attended the deceased from Male 13 1800 to place 15 1900 M., from the causes and an the date stated above DATE SIGNATURE DATE SIGNATURE M.D	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased from Male 13 1800 to place 15 1900 M., from the causes and an the date stated above DATE SIGNATURE DATE SIGNATURE M.D	Hour a.m.  19 While Not while	foctory, street, office bldg., etc.)
alive an alive an another death accurred at \$1000 and that death accurred at \$1000 and the date stated above ADDRESS (Street, city or town, state) and stated above ADDRESS (Street, city or town, sta	V. C.	12 .16 Yests 25 .60
ACTUALLY ADDRESS (Street, city or town, stote)  ACTUALLY ADDRESS (Street, city or town, stote)  ACTUALLY ADDRESS (Street, city or town, stote)  PHYSICIAN'S NAME (Type)  20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  7 2 8 6 0 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  240. REC'D BY REGISTRAR'S SIGNATURE		
ACTUAL SIGNATURE  M.D. FUNCTION (City, town, or county)  ADDRESS  AME (Type)  22d. LOCATION (City, town, or county)  (Stote)  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR  240.	alive an 1900 and that de	
PHYSICIAN'S NAME (Type)  20. BURIAL, CREMATION, REMOVAL (Specify) 728 60 22c. NAME OF CEMETERY OR CREMATORY DESCRIPTION (City, town, or county) (Stote)  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	ACTUAL No. 11 4 G	ADDRESS (Street, city or town, stote)
NAME (Type)   220. BURIAL, CREMATION,   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   (Stote)   72860   CULT / K CH AM   CITY   VID.   3. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE   CITY   CI	SIGNATURE LLE J. Jelume	M.D. Hausbury Mix 11216
20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)  REMOVAL (Specify) 728 60 BURIAL (AHAM) 240. REC'D BY REGISTRAR'S SIGNATURE  ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE		
REMOVAL (Specify) 7/28/60 BUCKING HAM BILLING MID.  3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		Y CALCESHATORY 22d. LOCATION (City, town, or county) (State)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	GT D LINE
A By By By By By By By Classes & Known	The state of the s	AL DECID BY DECISTRAP 244 PECISTRAP'S SIGNIATIONE
	Anna Balla	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSP

VS A15 (4) 15M 9/5B

#### **CERTIFICATE OF DEATH**

08556

Reg. Dist. No.

1	PLACE OF DEATH     O. COUNTY     MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/							
/ -	Wichanica	MAKAINIO WICOMICO							
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	d. NAME OF HOSPITAL (If nor in haspital, give street address) OR:INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
	Senialsula Centeral Hospis	Lemon AIII							
100	NAME OF DECEASED (Type or print) MARTHA	Cuarments 4. DATE Month Day Year OF DEATH July 13 19 60							
3	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH  9. AGE (In year) 1F UNDER 1 YEAR IF UNDER 24 HRS.  set birthdoy) Manths Doys Hours Min.							
1	00. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	dyring most of working life; eyn if retired) OWN Home	MARYARDO U.S. A							
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
1	BeoRge W. IAYLOR	MARGAREI NNN +NGERSOI							
	5. WAS DECEASED FOR IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	R Levige R. Cumming Baltimore							
F	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
1	DUE TO	1.							
	Conditions if any which	A.							
	gave rise to immediate	+ 5 12							
	couse (o), stoting the under- lying couse lost.	e Mellitue							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY							
	E CONTRACTOR OF THE CONTRACTOR	PERFORMED? YES NO							
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)							
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P While Not while ot work of work of the state	octory, street, office bldg., etc.)							
1	21. I certify that I attended the deceased fram. 7/20, 1960 to 1/23, 1960, that I last saw the deceased								
	alive on 7/2-3, 19 60, and that deat	h accurred at \$220 M, fram the causes and an the date stated above.							
	ADDRESS (Street, city or town, state)  DATE SIGNED								
	SIGNATURE 11 5 Smith	M.D. Med. Center 7/2-3/6							
	PHYSICIAN'S WM, B, Smith Me	dical center							
1	220. BURIAL, CREMATION, 226. DATE THEREOF 22CT NAME OF CEMETERY	OR CREMATORY 22d, LOCATION (City, town, or county) (State)							
	BURIAN 7-26-60 SILOAM (	emetery Siloam, MARY/AND							
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	740. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
	MILLA JOHNSON CO. SALISOO	DATE JUL 26'60 Cirling S. Thomas							

Anon house the same

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

The state of the s 

VR A15 (4) 15M 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

08558

8	3575		CERTIFIC	ATE	OF DEATH		ARTEAND		083	158	
1. PLACE OF DEATH o. COUNTY	Wicomico		MARYLAN		USUAL RESIDENCE (Wo. STATE Maryl		ived. If institu b. COUNT	Y _	erset	mission)	
RURAL and give	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Salisbury  7 days			Ь	c. CITY OR TOWN (IF		te limits, write	RURAL ond	give nearest town)		
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, gi		oddress)		d. STREET ADDRESS		10	7X-	0	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	Firs		Middle THOMAS		Lost DOANE	4. DATE OF DEATH	_	onth Ly	Doy 25	Year 19 <b>6</b> 0	
s. sex Male		7. MARR	DIVORCED	_	ATE OF BIRTH	9	AGE (In year lost birthdoy) 75 yrs	Months	Doys Ho		
0o. USUAL OCCUPATION during most of wind Sel	orking life, even if retired)		kind of Business or in Farmer	IDUSTRY	11. BIRTHPLACE (Stote		ntry)	12. CIT	S A.	AT COUNTRY	
3. FATHER'S NAME Samuel	Henry Doan	e		1	Millie		is				
15. WAS DECEASED E  Yes, no. or unknown)	VER IN U. S. ARMED FORC			Map	mant gie Hitch		Ad	<sub>idress</sub>	and		
	EATH [Enter only one couleath WAS CAUSED BY: IMMEDIATE CAUSE (o)								INTERVAL ONSET A	L BETWEEN ND DEATH	
Conditions if gove rise to couse (o), stotin lying couse los	immediate (b).  g the under-	Ar	teriosclerosi	S, (	general				?		
PART II. C	Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPPERFORMED?  Right hemiplegia due to cerebral thrombosis  YES  NO.									REORMED?	
20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m.  p. m.  19  20d. INJURY OCCURRED Mile Not while of work o										(Stot	
21. I certify that (I) (this hospital) attended the deceased from July 20 , 19 60, to July 28 , 1960, that (I) ( saw the deceased olive on July 28 19 60, and that death accurred atM, from the causes and on the date stated									ted above		
22o. SIGNATURE	V.fuera	M.D.	ATTENDING N	P.M.	STAFF PHYS.		7/	29/60 29/60			
22c. PHYSICIAN'S NAME (Type		an, l	M. D.		Deer's He	ad Stat	e Hosp:	ital;	Salisb	ury,Mc	
23a. BURIAL, CREMAT REMOVAL (Speci BUT La L	$\frac{100}{7}$ , 23b. DATE THEREO $\frac{7}{3}$ I/60	F	John Wesl		REMATORY	23d. LOCATIO		ove.l	Id	(Stote)	
24. FUNERAL DIRECTO		r.Pr	ADDRESS Pincess Ann	ne.M		D BY REGISTR		Cothun .	S. Kraug		

Non-project result cause state Direct of the board of the er er om Commercial Later III gelegen Later Later Later in a felice well an amore for the the select the selection of ninoarous, professo of ano algebraiched diedl A A SE AS MES OF SESSION x + 1 2 1 1 Willema co . Street and the property of the street of the contract of the The state of the s NAME OF THE POST OF THE PARTY O

VR A1S (4) 1SM 9/59

	85'	76	CERTIFICA	TE OF DEATH	NORE I, MARILAN	0.8559
1. PLACE OF DEATH o. COUNTY Wicomico		MARYLAND	2. USUAL RESIDENCE (Whe	institution: Residence before admission) OUNTY Baltimore City		
	b. CITY OR TOWN (I RURAL ond give no	f outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	itside corporate limits,	write RURAL and give nearest town)
	Salisb	ury	3033 days	Baltimore		3/11-4
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stree	t oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Deer's	Head State Hos	oital	1508 N. Ma	adeira Stre	et YES NO
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month Day Year
	(Type or print)	Carl	Wi	Ellenberger		July 20 19 60
. :	SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (Ir	n years   IF UNDER 1 YEAR IF UNDER 24 HI thdoy)   Months   Days   Hours   Min
	Male	White widow	VED DIVORCED D	12-6-18	18 8	yrs. Hours Days Hoors Mill
0a	. USUAL OCCUPATION during most of work	ON (Give kind of work done 101 king life, even if retired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote of	or foreign country)	12. CITIZEN OF WHAT COUNTR
	KeTir	ed	BAKER	9CRMH	NY	USA
3.	FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
		6,		4,		
		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO. 17.	INFORMANT	_	Address
1	p. no, or onknown,	(III yes, give wor or dares or service)	2-18-0101	MRS. HIM	IA E	Kelley
	18. CAUSE OF DEA	ATH [Enter only one couse per	line_for (o), (b), and (c).]	7/	2	INTERVAL BETWEEN
		TH WAS CAUSED BY:	Parte of	Hh hand		ONSET AND PEAT
	2201	IMMEDIATE CAUSE (o)	Ceret	O COM	7703	1960
	2:04	DUE TO	19.	1.	27	- /
	Conditions, if o		Juura	eiged (	creero	selven 1049
	gove rise to i couse (o), stoting			0		
	lying couse lost.	(c)				
N O	PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BL	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITI	ON GIVEN IN PART 1(0) 19. WAS AUTOPS
CATION						YES TO NO
II.	20a. ACCIDENT WA	AS UNDERLYING   20b. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item	18.)
CERT	OR CONTRIBUTING	MEDICAL EXAMINER)				
	20c. TIME OF INJUR	Y Month, Doy, Year 20d.	INJURY OCCURRED   20e. F	LACE OF INJURY (Home, farm,	20f. (City or town)	(County) (Sto
MEDICAL	Hour o.m.	Whi	e Not while f	octory, street, office bldg., etc.		(655)/
×	p. m.		ork ot work	2/22	10 - 100	
	21. I certify the	at (I) (this haspital) atter	nded the deceased fram	3/31 195	2 , ta 7/20	, 1960, that (1) (we) le
	saw the decea		- A/1		M, fram the caus	ses and an the date stated above
	220. SIGNATURE	7 47			A.M.	22b, DATE
	1	Sud d	awer	M.D. PHYS.	D. STAFF	7/20/50
	22c. PHYSICHAN'S			22d. ADDRESS		1/20/00
	NAME (Type)	Lee L. Lawr	y, M. D.	Deer's He	ead Hospita	al; Salisbury, Md.
22/	6 PUBLAL CREMATIC	DN, 23b. DATE THEREOF/	23c. NAME OF CEMETERY	OR CREMATORY	224 LOCATION ICIL	Annua on country (CA )
230	6. PURIAL, CREMATIC REMOVAL (Specify)	1 1 1 - 11	23C. NAME OF CEMETERY	OK CREMATORT	23d. LOCATION (City.	town, or county) (Stote)
0	FUNERAL SISTERS	1/23/60	Killes	more	1 sec	7 114
24	FUNERAL DIRECTOR	C CIT LONA TIMPE ///				
1	4.	1 Commission	ADDRESS //		2 5 '60	Cuthy S. Kenna

MARYLAND STATE DEPARTMENT OF HEALTH

Ceretral Arundonia 1 day First Laury

## FOR STATE HEALTH DEPT.

TO DEPOTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any Selay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Rage 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Loalith, or its designated agent, prior to burial, cremation, or removal, and in any even within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any ev VS. A15ME

5M 7/59

# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, 8012 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 08560

	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased tived, If institution, Residence before admission)  e. STATE  b. COUNTY					
1	TIT comi co MARYLAND						
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown)	-				
1	write RURAL end give nearest town)	A STATE OF THE CONTROL OF THE ROLL OF THE					
4	Fmuitland V	Fruitland					
1	Fruitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel give street eddress)	d. STREET ADDRESS   o. IS RESIDENCE	CE				
d		ON A FARM	A?				
1	St. Lukes Road	St. Lukes Road YES NO					
N	3. NAME Of Lukes Road	Last 4. DATE Month Day Yeer					
31	(Type or print)	OF DEATH					
٦	Henry Fields	/-7-60 <sup>19</sup>					
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.)  last birthday)  Months Days Hours Min					
1	WIDOWED DIVORCED	9/7 Nonths Days Hours Min.					
1		Y 11. AIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR	0.V2				
1	done during most of working life, even if refired)	11. SIXTHPEACE (State of foreign country)	CTT				
	Lustor none	Vanesset 60 11.5T					
	TRY FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1	11/100/01/11/11	Minde Manuelland					
-	Jeanny Tilla	Honey armicora					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. I	NEORMANT Address					
	(Yes no, or unhaving (lives give veror detes of service)	Dispid tells					
	100	Just Dreins	=				
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH					
1	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)						
	Addo deligoso	ive heart failure Sudden	_				
1	DUE TO						
1	Conditions, if eny, which \ (b) Hypertengtue c	ardio-vascular disease Years					
1	geve rise to immediate cause	grato-importat arroado					
1	(a), stering the underlying						
	cause lest. (c)						
i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO						
И		PERFORMED?					
		YES NO X					
i	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D  CAUSE OF DEATH.	inter nature of Injury in Part I or Part II of item 1B.)					
ı	CAUSE OF DEATH.						
	ZOc. TIME OF INJURY Month, Day, Year   20d, INJURY OCCURRED   20a, PLA	CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State)	_				
		CE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) ory, street, office bldg., etc.)					
	p.m. 19 at work at work						
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection X, Inquiry X, and in my opinion	_				
	death resulted from: Natural causes X. Accident . Suici	ide, Homicide, Undetermined manner					
	T A	CHIEF MEDICAL EXAMINER					
	ACTUAL .						
1	SIGNATURE	M.D.					
-	EXAMINER'S	DEPUTY MEDICAL EXAMINER 7-7-60					
	MEME (Type)	Address (Street, city) 1967 or Gunden Aye.					
	222 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMELERY OR	CREMATORY 22d LOCATION (City, town, quidunity) (State)	=				
	REMOVAL (Spacify)	Salisbury, 4d.					
1	Juna 1-10-60 Caen Cen	v. Eden mg					
	23. FONERAL DIRECTOR A ADDRESS	248. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE					
	Be be modelet	40 100					
1	Waster III Will . Salisbury	Md. AUL 12'60 arthur S. Kins	1000				

calmositi CO.MCDEW Freilithand Professor Davit, destate, de DAOT HOLLE . JA The Town WIEGH AL squitted dependentiates ages of modern 2000 especial and found of part extend of the anfr. Age of the state o many to the first of the first state of the first of the

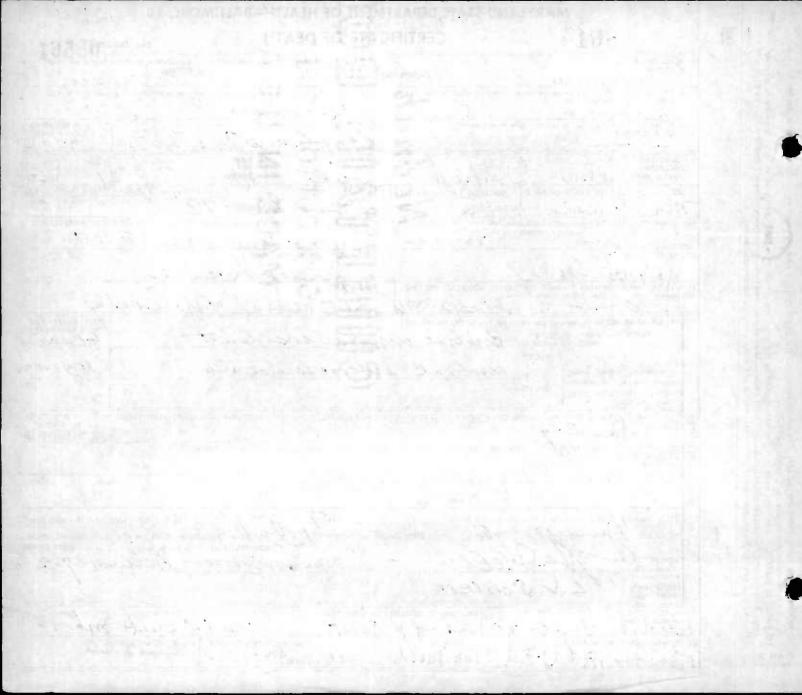
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 0561

6		. 4	
8	b	1	

0	T	77	L III	12	Q.	0	0	6	-0	V		E	b.
-	ED	TI	CI	-	A	TE	0		D		A	T	
	CK				н	TE	U	г	U		н	αн	П

1. PLACE OF DEATH *  o. COUNTY  O. COUNTY	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	ce before admission
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporote limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If nat in haspital, give street a	ddress)	d/STREET ADDRESS	Quantero Mi	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	lile Middle	Lost 4. DA	TE Manth	Day Year 2 / 1940
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	Total boat 1 1	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
10o. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired)		quantico		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME Gale		14. MOTHER'S MAIDEN NAME	Deslee	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S (Yes, ho, ler-synknown). (If yes, give wor or dates of service)	2-12-3376	Dithemia	Milche	le
gave rise to immediate couse (o), stoting the <u>under-</u>	0	cular recide	ut	INTERVAL BETWEEN ONSET AND DEATH TO MEIN  Il years
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. While of work	Not while fa	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	City or town) ((	County) (Stote)
21. I certify that I attended the decease alive an 19 G  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	od fram		am the causes and an the S(Street, city or town stote)	st saw the deceased e date stated abave.  DATE SIGNED  7-22 60
220 BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 7-23-60	22c. NAME OF CEMETERY O	OR CREMATORY 22d. 10	OCATION (City, town, or county)	md (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Lake St Sal	240. REC'D BX REC'D B	GISTRAR 24b. REGISTRAR'S SIG	GNATURE



OR

Pagerial Colors Colors Colors

#### 8578 CERTIFICATE OF DEATH directar PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY COUNTY filed MARYLAND funeral c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If a tside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) ploods d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRES OR INSTITUTION pup = NAME OF Middle 4. DATE Lost filled DECEASED OF DEATH ages (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) lost birthday) WIDOWED | DIVORCED | papers 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. ARTHRIACE (Stote or foreign country) COM death. during most of working life, even if retired) ACKSE FACIN HORSE pup 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Car aft MAINIE physici remave WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). ā DEATH WAS CAUSED 8Y: **DUE TO** þ Conditions, if ony, which signed (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost burial-transit physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO'S 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) DICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) o. m While Not while of work of work 21. I certify that lattended the deceased from M, from the causes and on the date stated obove. olive on and that death occurred at DIRECTOR ADDRESS (Street, det ACTUAL pe SIGNATURE d shauld PHYSICIAN'S FUNERAL NAME (Type)

22c. NAME OF CEMETERY OF CREMATORY.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No

Months

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET-AND DEATH

> PERFORMED YES NO

> > (Stote)

DATE SIGNED

(Stote)

(County)

22d LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE Clathur S. Kraus

REC'D BY REGISTRAR

that I lost sow the deceased

ON A FARM? YES NO F

Yeor

1960

0 VS A15 (4) 15M 9/58

220. BURIAL, CREMATION,

Albert of the Control 13546 300 OSE THE E THE MEST HELD FOLLY TON ME. TABLE I GUELLI GUELLI CARETTRAN The state of the s and the control of the same and A ME TOMES TO SEE THE TEST OF SHEET SHEET SHEET TO

VS A15 (4) 15M 9/5B

Salisbury . Md Hill & Johnson Co.

24b. REGISTRAR'S SIGNATURE 2 9 '60 Orthur & Krauk

08564

e. IS RESIDENCE ON A FARM?

YES NO T

Yeor

1960

Reg. Dist. No.

Wico.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

YES NO NO

(Stote)

(County)

(Stote)

U.S.A

Month

Months

final task allowing and the Metral riving and the second second Company to the company of the compan and offer the result from the State of The s 

### 8580 CEPTIFICATE OF BEATH

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 8565

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W		d lived. If instituti				ion)
NICOMICO	RYLAND	o. STATE Mary.	Tand	D. COUNT	WIC	comi	co	
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)	AY IN 16	c. CITY OR TOWN (IF		(Rural		give neo	rest tawn	)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OF OF OR A HOSPITAL (IS NOT HOSPITAL)	101	d. STREET ADDRESS R.D.	#1 Mea	adow Br	ldge			FARM?
3. NAME OF First Midde	dia )	1 Hart	4. DATE	44	4	-		
(Type or print) STANLEV LER	COV+	+AS+INES	OF	Mar 7		17	1	1900)
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months	Days Days	Hours	R 24 HRS.
Male White WIDOWED DIVORE	CED	Aug. 18,19	901 =	58 yrs.	Monns	Days	nouis	MIII.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS during most of warking life, even if retired)	OR INDUS	STRY 11. BIRTHPLACE (Stat	te ar foreign c	ountry)	12. CIT	IZEN OF	WHATC	OUNTRY?
President-Gen. Manager-Shovox Co	0.	R.D.# Sa	alisbu	rv. Md.	J	JS	A	
13. FATHER'S NAME		14. MOTHER'S MAIDEN						
Thomas N. Hastings		Alice M.	.Gosle	ee				
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N	10. Mi	r.Stanley	L. Hast	ings J	ress (Sc	on)E	R.D.	# 1
Unk	Mea	adow Bridge	e Rd.	Salis	oury	Mar	yla	nd
1B. CAUSE OF DEATH [Enter only one cause per line for (p), (b) and (p)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	(a).]	ordial In	face	teori (	2)		RVAL BE	
Conditions, if any, which	afte	car	0					0
gave rise to immediate cause (a), stating the under-	1	49/00+	. 1	( )			7	
lying couse last. (c) URURLUSE	lexal	le taxou	NI	10000			,	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(a) 15	PEREO	AUTOPSY
3								NO N
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OR CONTRIBUTING   CAUSE OF DEATH OF CONTRIBUTING   N/A	OCCURRED	D. (Enter nature of injury in	n Part I ar Par	t II af item 18.)				1
3 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED	20e. PL/	ACE OF INJURY (Hame, for	rm, 20f. (City	ar town)	(	County)		(State)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. N/A 19 While at work at wark	fac	tary, street, affice bldg., e	tc.)	N/A				
21. I certify that I ottended the deceased from 71	3	1960 ta_	7/1	7 1960	hat I lo	ost saw	the d	eceased
olive an 7/17 1960 and the	at death	accurred a 9.45 P.	M. from	the couses or				
	0			treet, city as town,			DAT	E SIGNED
SIGNATURE RESERVED LA SERVELLE	p	NO PINE	FUND	of Ka	1	7	117	60.
PHYSICIAN'S RUFUS S. GARONE	RIJA	R. SAL	Lisbu	RY, Md				
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	EMETERY OF	R CREMATORY	22d. LOCA	TION (City, town,	ar caunty)		(State	e)
REMOVAL (Specify) Burial July 20,1960 Pars	ons (	Cemetery	Sa	lisbur	. Mai	rvla	nd	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		240 REC	C'D BY REGIS	TRAR 24b. REGI	STRAR'S SI			
HOLLOWAY & COMPANY SALTSBUR	Y MAT	RYTAND DATE	JUL 22	60 0	rthur 2	P. Kra	u.d	

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI VS A15 (4) 15M 9/5B

1. N ... the sale of the sale of the . J. a de la compania del compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania de la compania de la compania del compania - Louis and the state of the st 

	1	TA	TE DEPARTA	<b>MENT</b> 268	OF HEAL'	TH—BAL	TIMOR				00=	0.0
8581			CERTIFIC	ATE	OF DEAT	TH			Reg. Di	ist. No.	185	66
m1e <sub>0</sub>			MARYLAND		STATE Mary	Where decease				nce befo	re admissi	
ide corporote limi tawn)	ts, write	LEN	GTH OF STAY IN 16	c.	CITY OR TOWN (	If autside corpo	orate limits, v	vrite R	URAL and	give nec	rest town	)
nat in hospital, g		ldress)		1	STREET ADDRESS	- 6						DENCE FARM? NO
Fir	st		Middle		Last	4. DATE		Mon	th	Da	у	'ear
Charles	3	E.	Hauten			DEATH		7		24	. 1	9 60
OLOR OR RACE	7. MARRIE	D	NEVER MARRIED	B. DAT	E OF BIRTH		9. AGE (In	yeors	IF UNDER		IF UNDE	
AA	WIDOWED	I	DIVORCED	12	10/1887	1882	lost birth	yrs.	Manths	Doys	Hours	Min.
ive kind of work of fe, even if retired	done 10b. Ki		F BUSINESS OR INC		Delawar		ountry)		12. CIT	USA	WHATC	OUNTRY?

1. PLACE OF DEATH o. COUNTY	45.45	1			USUAL RESIDENCE (	Where deceased			before ad	mission)
0. 200111	Wicomico		MARYLAN	ND O	Mary	land	b. COUNTY		1100	
RURAL ond give			ENGTH OF STAY IN		c. CITY OR TOWN (I		ate limits, write R	URAL and gi	ve nearest t	own)
	sbury		l his lif	e /	Salis	bury				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  107 Second St.			1	d. STREET ADDRESS	St.			01	RESIDENCE N A FARM?	
3. NAME OF	Fir		Middle	11 15	Last	4. DATE	Mor	ith	Day	Year
(Type or print)	Charles	E.	Hauten			DEATH	7		24	19 60
S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. D.	ATE OF BIRTH		9. AGE (In years lost birthdoy)			NDER 24 HRS.
М	AA	WIDOWED [	DIVORCED	12	2/10/1887	1882	77 yrs.	Manths D	Doys Hou	urs Min.
10a. USUAL OCCUPA	TION (Give kind of work or rorking life, even if retired)	done 10b. KIND	OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Sto	te or foreign co	untry)	12. CITIZI	EN OF WHA	AT COUNTRY?
Laber	orking me, even in remed	'	Milling C		Delawar			T	JSA	
13. FATHER'S NAME					. MOTHER'S MAIDEN					
David H	lauten				Olivia	Rnewn				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		AL SECURITY NO.	INFOI	MANT	DIGMIT	Add	ress Col &	labury	. W4
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Mrs.	Thelma Ma	tthews.		St.	ran m. 1	, 10100
	DEATH   Enter only one co	use per line for							INTERVAL	BETWEEN
(25)	EATH WAS CAUSED BY:	7/	T		· NA	1-1-	1. 6	) $/$	ONSET A	ND DEATH
11110	IMMEDIATE CAUSE (d	1/2	el-lens	w	e cou	usepac	wer 1	nal	19	W.
7 6	DUE TO	- 11				Des	en		0/	1.
Conditions, if	10	) They	Plano	200	2				On	BUM
cause (a), statis		10							mah	
lying couse los	st. ) (c	)								-
PART II. C	OTHER SIGNIFICANT CON	DITIONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
CAT										□ NO □
PART II. C	WAS UNDERLYING A	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (E	nter noture of injury	in Port I or Part	II of item 18.)			
(IF EITHER, NOTI	FY MEDICAL EXAMINER)									
\$ 20c. TIME OF INJ	URY Month, Doy, Yes	or 20d. INJURY	Y OCCURRED 20e		OF INJURY (Home, fo		or town)	(Co	ounty)	(Stote)
20c. TIME OF INJ	10		Not while of work	foctory,	street, affice bldg.,	etc.)				
	4		= # /	P	14.	0.	177			-
21. I certify	that I affended the	deceased f	rom_ 40 /	My-	_, 19	4 7	10U	that I last	t saw the	e deceased
alive an	- 4 yours	196	, and that de	eath/ac	curred of	M, from t	he gauses an	d on the	date sta	ted abave.
	30//		m	(	10 11	ADDRESS (Str	egt, city or town,	stote)	0 1	DATE SIGNED
ACTUAL SIGNATURE	5/14	MAM	de	M D	5(2/2)	men		7	of yen	14/7
	10	0	400	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S	al, i		1	1	700
PHYSICIAN'S NAME (Type)	lmer A. Puri	aell. MI	652 1	West	Main St.	Salisbu	ry. Md	4		1
	TION, 22b. DATE THEREC		NAME OF CEMETER				ION (City, town,	ar county)	(	Stote)
REMOVAL (Speci	ify)									
23. FUNERAL DIRECTO			ADDRESS	Mem	orial Park	C'D BY REGISTR	isbury.	STRAR'S SIGN	NATURE	-
		C-34-1-				L 2 9 '60				
Thernter	B. Jelley,	DELIBOR	mry, Ma		DATE	L 4 9 00	Link	m 8. Th	aud	

TO HOSPIT VS A15 (4) 15M 9/58

honograph and many and month Mailabure Mailable 11fe Destender IR Ansent Villa Land distant B. satisfic BK Arridge for the first about the same of W. . Terrest and area of the bull of the control of Burning - 7/20/20 Coose Asin Houselan Park - Park though Malintung Maratan B. Jolian, Saliabor, MA ... ... Maratan B. W. Colland . W. Colland

VS A1S (4) 1SM 9/SB 0

8582	O STATE DEPARTA	ATE OF DEATH	BALTIMORE, 18	Reg. Dist. No. 0856
a. COUNTY  WILCOM MICO	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE	eceased lived. If institution b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporote limits, write RUI	RAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION	at HOSDITAL	d. STREET ADDRESS	- 1	e. IS RESIDENC ON A FARM YES NO
NAME OF DECEASED (Type or print) Hargis (1)124	Middle	tick Man 4. D	ATE Manth	Day Yeor 29 196
M-1/ 141/	RRIED EVER MARRIED DIVORCED DIVORCED	Sone 29 189		FUNDER 1 YEAR IF UNDER 24 F Months Doys Hours Mi
On USBAL OCCUPATION (Give kind of work dane 10  BUS OXIVEY - TRY		USTRY 11. BIRTHPLACE (Stote or for	ign country)	12. CITIZEN OF WHAT COUNT
Hareis W. Hi	ckman	14. MOTHER'S MAIDEN NAME	011	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 Yes, no, or untroodin) (If yes, give war or dates of service)	6. SOCIAL SECURITY NO.	rs, Wallace [	Pashiell P	rincess Phase
18. CAUSE OF DEATH [Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	man throli	4.5.	INTERVAL BETWEE
Conditions, if ony, which gave rise to immediate cause (a), stating the under-	generalized	ar Ferio seles	pri	? ?.
Jying cause lost.   (c)	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL D	SISEASE CONDITION GIVE	N IN PART I(o) 19. WAS AUTO PERFORMED YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part I	or Port II of item 1B.)	
Hour o.m. Whi		PLACE OF INJURY (Home, form, 20) octory, street, office bldg., etc.)	f. (City or town)	(County) (St
21. I certify that I attended the deceralive an 29 July 19  ACTUAL SIGNATURE		h accurred at 2 1/2 M, t ADDR		
PHYSICIAN'S NAME (Type)				
NAME (Type)  229. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  227. FUNIERAL DIRECTOR'S SIGNATURE  AND LEASE THEREOF  AND LEASE THEREOF	Princes A	OR CREMATORY 22d.  VAIN SUX 240. REC'D BY  NAME ANG		COUNTY) (State  ST HTTEM  RAR'S SIGNATURE  Chury S. Krouns

THE White a second of the Con-Condition of the second Hare a The Heleton and I day Total rest received the first of the forth of the first of the Harris and the second was been a designed

M

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08568

	8583		CERTII	FICATE	OF D	EATH						0 (9
1. PLACE OF DEATH o. COUNTY	Wicomico		MAR	YLAND 2	g. STATE	Mary		lived. If instituti b. COUNTY		omi		ion)
b. CITY OR TOWN RURAL and give	(If outside corporate lim nearest town) Salisbur		6-vear					ote limits, write R	URAL ond			)
OR INSTITUTION	PITAL (If not in hospital.	give street	address)		d. STREET			THUTELL				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	MAR		Middle		HIL		4. DATE OF DEATH	JULY		24t]		Year 19 60
s. sex Female	6. COLOR OR RACE White	7. MARR	NEVER MARR		ept.	7,188	32	9. AGE (In years last birthday) 77 yrs.	Months 10	Day 7	Haurs	R 24 HRS. Min.
10a. USUAL OCCUPA during most of w None 13. FATHER'S NAME	TION (Give kind of work orking life, even if retired	done 10b.	None		1	dleto	n. Nev	v York	12. CIT		WHAT C	OUNTRY?
Theodor	re Warren				Eli		h(Unl					
1S. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOI (If yes, give war or dates of		SOCIAL SECURITY NO	Mrs	Gera R.D.	# (Ur	Brin	mer(Gran	nd-D	augl Mar	nter	id.
Conditions, if gove rise to cause (a), stolic lying couse los	immediate DUE TO	o) Cha	Mas.	ra	ac	far tes	lur	,		ONS	RVAL BE	DEATH
ICATIC	OTHER SIGNIFICANT CON						6.25		PAI	RT 1(o) 19	PERFO	RMED?
	WAS UNDERLYING  NG CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	N/A	OCCURRED. (	Enter noture	of injury in I	Part I or Port	II of item 1B.)				
20c. TIME OF INJ Haur o. n	. N/A 10	While	NJURY OCCURRED  Not while  t ot work	20e. PLACE factor	OF INJURY y, street, office	(Hame, form te bldg., etc	20f. (City	or town) N/A		(County)		(Stote)
21. I certify t	hat (1) (this haspita osed alive on		19, and		ATTENDIN PHYS. 22d. ADDR	NG MI	ED. RECTOR	the causes ar	July	e date	stated 221	
REMOVAL (Speci		7/60	23c. NAME OF CEN Union Cl			-	R.I		isbu	ry, l		
HOLLOWAY		Y	ADDRESS SALISBURY	MAR	YLAND	0.00	L 27 6	0	STRAR'S SI		E	

may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complyage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon poper the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 haurs at TO HOSPI

VR A1S (4) 1SM 9/S9

nopingo.			Locimosi	
14-		squared		
			Element L. L. N	
13 PM 13				
\$2.00	ζ .		attitle plus	
and the locate	v itadiecos, Tim vo			
	Maring Land Maring			
	1000-25 6 6			
		E Meser		
		( A CAN CE - TO		
	S. a. b. e			
	Special K. Turn			
omalwas, with	Settet it mile		to the section of the section of	
	3.0.a trestamen a	ordinia no care d	Productive and	
			AND PROPERTY.	

VS A15 (4) 1SM 9/SB

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

**MARYL** 8584

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 78569

1.	PLACE OF DEATH  D. COUNTY / A AND AND AND AND AND AND AND AND AND A	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: b. COUNTY b. COUNTY
	WICOMICO MARYLAND	libryland Vricomico
5	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  ALL DURY	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENT ON A FARR
4	ENINDULA GENERAL HOPILA	YES NO
3.	NAME OF DECEASED (Type or print) Bever by	A. DATE Month Day Year OF DEATH JULY 196
S.	6. COLOR OR RACE 7. MARRIED THEYER MARRIED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 lost birthday)  Months Days Hours Mi
1	1/4/ WIDOWED DIVORCED	Sept. 15, 1876 83m.
100	USUAL OCCUPATION (Give kind of work done 100 KIND OF BUSINESS OR INDIduring most of working life, even if retired)	DUSTRY 11 BIRTHPLACE/(Stote or foreign country)  12. CITIZEN OF WHAT COUNT  VICE A 1 C. N. M. d.  74. S. A.
13,	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	obert John Hitch	Amanda Phoebus
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
	h. no, or unknown)	Mrs. Boverly T. Hitch, Aller
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEE
	PART 1. DEATH WAS CAUSED BY: UREMIA .	ONSET AND DEA
	44dA DUETO	
	Conditions, if any, which) ( CHRONIC GLOT	MERULO NEPHRITIS Year
	gove rise to immediate	
	cause (a), stating the under DUE TO HYPER TENSINE	ATHEROSCIEROTIC CARDIO Years
Z	lying couse lost. (c)	RENAL DISEASE
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED
S	PNEUMONIA -	YES NO
L CERTIFICATION	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Part I ar Port II of item 18.)
MEDICAL		PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) 20f. (City or tawn) (County) (Si
	21. I certify that Jattended the deceased from.	19 to July 1, 1960 that I last saw the decea
	114162 -	. 6/3
	alive an, and that dear	th accurred at 5 P. M, from the causes and an the date stated about ADDRESS (Street, city or town, state)  DATE SIG
	ACTUAL	ADDRESS (Street, City of fown, store)
	ACTUAL SIGNATURE	M.D.
	PHYSICIAN'S DECIAL BURTON	
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
3	GEMOYAL (Specify) July3,1960 Allen Co	emeterx Allen, md.
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
0	Teven K. Welson, Trencess Cim	me. Md DATE JUL 11 '60 archur 8. Kraus

o Sinos all Library Late Market State Commenter of the Comment of the Commen Europan Standard Little Mode Trisdor CHARLES SERVICE DEFINE The second of th

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M. CERTIFICATE OF DEATH FOR STATE MEDICAL EXAMINER'S Hend 8 - Lee Buth PLACE OF DEATH USUAL RESIDENCE (Where decesed lived, If institution; Residence before edmission) e. COUNTY a. STATE h COUNTY Wicemico MARYLAND Maryland Wiconico
c. CITY OR TOWN (Il outside corporeta limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL and give negrest town) d. STREET ADDRESS Salisbury
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) e. IS RESIDENCE ON A FARM? 3 to the funeral retained the State By Peninsula General YES NO NO Box 3. NAME OF Middle Last Month Day Year DECEASED OF the (Type or print) DEATH 19 James 7-23-60 may ours affect Elwood 6. COLOR OR RACE 7. MARRIED NEVER MARRIED hould be executed within 24 hours after deemay in pencil in Item 18. Give Pages 1, 2, and 3 to may along with form PM3. Page 2 may in File pages 1 and 2 with four stands. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Days 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland, U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elwood James Helen White 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with fa burial-transit permit smoval, and in any e Helen White 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hours Broncho-pneumonia IMMEDIATE CAUSE (e) removal, DUE TO "pending" gave rise to immediate cause 65 Examiner's DUE TO (e), steting the underlying as cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? 3 ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury In Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ' 20f. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer (County) fectory, street, office bldg., etc.) While Not While et work 21. I certify that I took charge of the remains described above, held an Autopsy w Inspection Inquiry and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide I I Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 7-28-60 EXAMINER'S NAME (Type) Royer M.D. Cainder on the Salisbury Md. 220. BURIAL, CREMATION, REMOVAL (Specify) 0 940 Burial Quantico Quantico, Maryland
240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR A15ME arthur S. Kraus 160 AUG 2 DATE

beafreall 0.11 in only the second O-LLUGBERT Paldaliel . 1 00 m ( 3 m) Angles ever equipment to confidence electrism -chancel Olm 3Sm THE RESERVE Mari E. Herer, A.J. \_\_\_\_ Her mar row relations, relations, J. H.

VR A15 (4) 15M 9/59

-	p.er	0	141
W.	11	X	1
)	1)	0	7

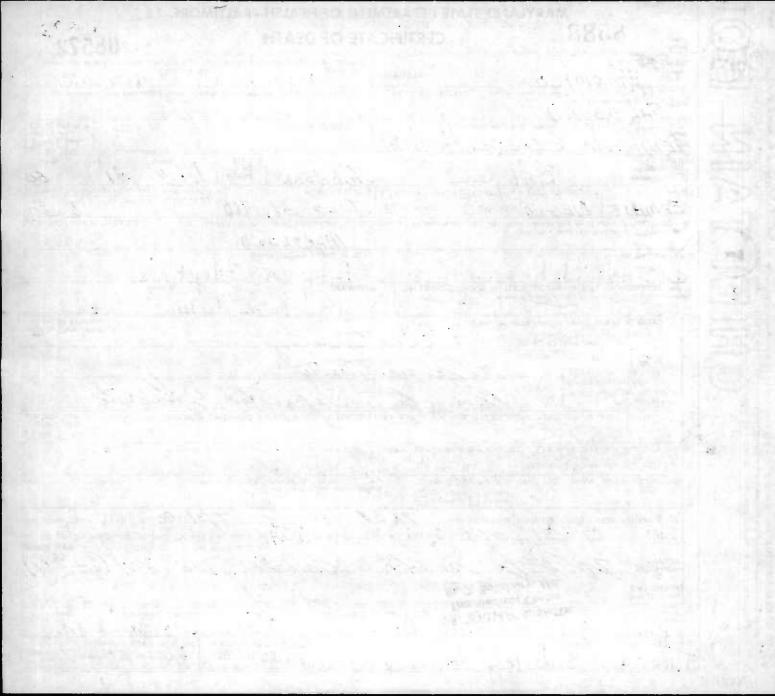
## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAT RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08571

1. PLACE OF DEATH o. COUNTY	icomico		MARYLAND	2. USUAL RESIDENCE 0. STATE Maj	(Where deceased ryland	l lived. If instituti b. COUNTY	on: Residence before Wicomi	
RURAL and give_ne	f outside corporate limits, eacest town)	write c. LEN	GTH OF STAY IN 16	CCITY OR TOWN	(If outside corporation of the c	rote limits, write R	URAL ond give ne	earest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, give en Gen Hos	e street oddress) pital		d. STREET ADDRES	ss ute # 4			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MELDO		Middle ANN	JARVIS	4. DATE OF DEATH	JULY		19 60
s. sex Female	6. COLOR OR RACE 7			B. DATE OF BIRTH March 14	1896	9. AGE (In years last birthday) 64 yrs.	1000	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of work Retired Serial FATHER'S NAME	DN (Give kind af wark dooking life, even if retired)  Scretary	ne 10b. KIND O	F BUSINESS OR INDI		State or foreign co	ountry)	U S	A A
15. WAS DECEASED EVE	C. Smith R IN U. S. ARMED FORCE (If yes, give wor or dates of servi		SECURITY NO. 17	Minnie	Denau		ress ) Pourte	#11
Conditions, if a gove rise to it couse (o), stoting lying couse lost.  PART II. OTH	mmediote the under: DUE TO (C)_HER SIGNIEICANT CONDI	tal	elese -	IT NOT RELATED TO THE TO COMPANY THE PROPERTY OF INJURY	nie Ma	ut ta	/EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO X
20c. TIME OF INJUR Hour a. m. p. m. 21. I certify that saw the decease 220 STENMARY	N/A 19  It (I) (this hospital)	of work of	or while wark from	death occurred at	N 219 A. ta 3:25 A. M	A / A / Phe causes ar	nd an the date	hat (I) (we) last e stated above.
		rdkkey		22d. ADDRESS Marylar		Salisb		ryland
230. BURIAL, CREMATIO REMOVAL (Specify) BUP131 24. FUNERAL DIRECTOR	July 12,	1960 W	icomico  DDRESS	Memorial E		Salisbu		
HOLLOWAY &			SBURY MA		EJUL 15'60	//	Lug S. Krau	

		s 4. <del>4</del>	
			720.6
0015001			onleaple
			windslift.
			uligeoff and m
	debriff nen		man addition of the same
			outersoi d'existi
	diamento esteran		(limitey of meth)
100 42 20			
			Section 1
	od y tra Ectal you		
desert, desert		THE SOLUTION OF	MEL, IN VIEW OF PERSONS A
		YEAR THORAG	

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
. 1656		8588 CERTIFICATE OF DEATH Reg. Di 8572
Page direction		PLACE OF DEATH .  a. COUNTY  A. C
death.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  ALISBURY  Mardela Springs
offer by the f	~	d. NAME OF HOSPITAL (If not in hospisol, give street oddress)  OR INSTITUTION  OR INSTITUTION  OR INSTITUTION  Rt. #1  GENERAL HOSPITAL  VES   NO
n 24 h filled in ges 1 an	3.	NAME OF DECEASED (Type or print)  Bah Middle Last 4. DATE Month Day Year OF DEATH JULY 31 1960
d within letely f	S.	SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED 8. DATE OF BIRTH  FEMALE  8. DATE OF BIRTH  9. AGE (In years lost birthday)  Windows Days Hours Min.  TOLY 3/1960  9. AGE (In years lost birthday)  Wonths Days Hours Min.
executed camp de th.	10	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)
sician an	13	DONALD JOHNSON PARICA HOPKINS
ng physic remay 72 haur	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  (If yes, give war or dates of secure)  (If yes, give war or dates of secure)
he death attendi		1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)-] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  INTERVAL BETWEEN ONSET AND DEATH
s that the d by the mit. Thu		Conditions, if any, which)  (b)  Recurativity
an. n signer		gave rise to immediate cause (a), stating the under.  Ilying cause last.  DUE TO  (c)  Recuration  Separation  Maccuite
physicinas beerial-tran	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO
HAN: Trending	CERTIFI	20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
PHYSIC al ar at this cert r use as ematian	MFDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m.  p. m.  19  20d. INJURY OCCURRED While at work at wore work at
NDING e haspith : After t ched far urial, cr		21. I certify that I attended the deceased fram. 7/3/, 1960, to 7/3/1960that I last saw the deceased alive an 7/3/, 1960, and that death accurred at 10/4M, fram the causes and an the date stated above.
A ATTEI of by the ECTOR of deta or to bi		ACTUAL SIGNATURE 21/13/13 Swith M.D. Salisher M.D. Malleter M.D. May (at 1911)
retaines RAL DIR Shauld I strar pri		PHYSICIAN'S NAME (Type) WY St. Scilisbury, Md.
may be	27	O. BURIAL, CREMATION, 22b. BALLAGE WITH 22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  8-1-60  2100 CEM  Control City, town, or county)  Control City, town, or county)  Control City, town, or county)
VS A1S (4) 1SM 9/S8	23	FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  240. REC'D BY REGISTRAR & 24b. REGISTRAR'S SIGNATURE  DATE AUG 9 '60  Cuthun S. Kraus
hard		3083 190VV0



TO HOSPI

VR A15 (4) 1SM 9/S9

### 8589

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

08573

o. COUNTY Wi	comico		MARYLAND	o. STATE Maryl		b. COUNTY	Residence before Queen Ar	
b. CITY OR TOWN (I RURAL and give ne Salish			davs	c. CITY OR TOWN (NO Queenst	outside corporate	25000	AL and give near	est tawn)
OR INSTITUTION	AL (If not in hospital, g	ve street address)		d. STREET ADDRESS		1	1 1 1	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fire <b>Jo</b> l	n	Middle	Jones	4. DATE OF DEATH	Month July	Doy 25	Year 19 60
S. SEX Male	6. COLOR OR RACE White	7. MARRIED NEV	DIVORCED	B. DATE OF BIRTH	84 9. 4		UNDER 1 YEAR I	Hours Min.
100. USUAL OCCUPATIO	ON (Give kind of wark of ing life, even if retired)	ane 10b. KIND OF 81	USINESS OR INDU	USTRY 11. BIRTHPLACE (Stot		71	12. CITIZEN OF V	VHAT COUNTRY?
13. FATHER'S NAME  John	F. Jones			Sarah Co	ok			
1S. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of se			NFORMANT Deer's	Head Hosp	pitak de	cords	
Conditions, if o gove rise to i couse (o), stoting lying couse lost.  PART II. OTH OR CONTRIBUTING U(IF EITHER, NOTIFY)	the under-		bhyp NG TO DEATH BU	T NOT RELATED TO THE TERM	MINAL DISEASE CO	NDITION GIVEN		WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW	INJURY OCCURR	ED. (Enter noture of injury in	n Port I ar Part II a	f item 18.)		
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Yeo	While Nat w	vhile fo	LACE OF INJURY (Hame, far octory, street, office bldg., e	rm, 20f. (City or t	own)	(County)	(State)
21. I certify the saw the decept 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Lee L. La	aure		death accurred at  ATTENDING PHYS.  22d. ADDRESS Deer's He	M, fram the	TAFF HYS.	an the date	7/25/60 7/25/60
23g Birrial, CREMATIC REMOVAL (Speedby) 24. FUNERAL DIRECTOR	7/27/0	/ //	AP OF CEMETERY OF CEMETERS OF	1/1/e 250. RE	CCDTO  C'D BY REGISTRAR		AR'S SIGNATURE	
- Company	W. 00	ine of	much 1	Hell DATE	2 9 '60	Chilling	S. Knows	

tena forces mano - 47 m/oS Capacital Capacity and and a world among the call the control of the capacity AND I KNOW IN MEDICAL TRANSPORTATION OF THE PROPERTY OF THE PR  ofter death. Poge 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h

80

COMPANY

HOLLOWAY

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

08574

25b. REGISTRAR'S SIGNATURE
Chilum S. Khaus

250. REC'D BY REGISTRAR DATE JUL 25 '60

400000		CERTIFICA	TE OF DEATH				
1. PLACE OF DEATH o. COUNTY	Vicomico	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary	ere deceased lived. If institution: Resident Para B. COUNTY W	dence before admission) 1COM1CO		
RURAL ond give ne	f outside corporate limits, write carest tawn) Salisbury	c. LENGTH OF STAY IN 16		utside corporote limits, write RURAL or . Sbury	nd give nearest town)		
OR INSTITUTION	AL (If not in haspital, give street 0.0.A. Pen Ge		d. STREET ADDRESS Paci	fic Ave	e. IS RESIDENCE ON A FARM? YES NO		
NAME OF DECEASED (Type or print)	First MARY	Middle HESTER	JOSEPH	4. DATE Month OF DEATH JULY	20th 19 60		
Female	6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED DED MED DIVORCED DED	B. DATE OF BIRTH	lost birthdoy) Month	S POS Hours Min.		
during most of work House Wol	DN (Give kind of work done 10b. king life, even if retired)	KIND OF BUSINESS OR INDI None		co. Delaware	U S A		
3. FATHER'S NAME B <b>anj</b> amin	n Middleton		14. MOTHER'S MAIDEN N Hettie				
	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17.	Mr. W. Frank J	oseph(Son)*ddisea	ford, Delawa		
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate DUE TO	terioretelos Tiatetes o	us genera necetios.	l	5 yrs		
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN I	PART 1(0) 19 WAS AUTOPS PERFORMED? YES NO		
	AS UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Port I or Part II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	While		LACE OF INJURY (Home, form actory, street, affice bldg., etc.		(County) (Sto		
21. I certify that (I) (this haspital) attended the deceased fram. 1995, to 2-20, 1960, that (I) (we) last saw the deceased alive an 2-19, and that death accurred at 45M, from the causes and an the date stated above.							
220. SIGNATURE	W/ Leures		M.D. ATTENDING MI	CTAFE -	uly 21 /19		
22c. PHYSICIAN'S NAME (Type)	r. Frank R.Le	wis	22d. ADDRESS Willards	s, Maryland			
30. BURIAL, CREMATIC REMOVAL (Specify)	DN, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town, or count Pittsville. M	y) (Stote) arvland		

**ADDRESS** 

SALISBURY MARYLAND

TOFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, cremation, ar removal, and in any event, within 72 hours ofter death. moy be retained by the haspital or attending physician. TO HOSPIT VR A1S (4) 1SM 9/59

			TAME THE	
08				
	77-5712-6-E	Tableron.	may may	
	sales and second			Per di
	a lynd all the			
ę	ngverige Lucia not lagge at the S			
	and the same of th		to il stard in	
	Literate Comment			
177 2				

VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

08575

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						
a. COUNTY NICOMICO MARYLAND	o. STATE Maryland b. COUNTY Somerset						
b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ayiside carporate limits, write RURAL and give nearest tawn)						
SALISBURY 2 1/2 Mo.	Rovell's Nork						
d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE						
PENINSULA GENETAL HOSPITAL	ON A FARM? YES NO						
3. NAME OF DECEASED Middle	Lost 4. DATE Manth Day Year						
(Type or print) VIOId Deduchamp	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.						
AND THE PARTY OF T	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday)  Manths Days Haurs Min.						
1-emale WHITE WIDOWED DIVORCED	Dec. 23 1881 7 25.						
10s. USUAL OCCUPATION (Give kind of work dane of the low of the lo	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Tamas Daughanty	Managent Baziman						
NS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	NFORMANT Address						
(Yes, no, or, unknown) (If yes, give wor or dates of service)	- E. V. T. mas Was town - M.						
	r. Frank Joynes, Hestover, 11						
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH						
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  2 11111111111111111111111111111111111							
DUE TO A							
Canditians, if any, which) (b) Sloweful	as Comme						
gave rise to immediate	0 0 1 0 1						
lying cause last.	es Mollitus, Unlum						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE CERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY						
ATIO	PERFORMED? YES NO IP						
200 ACCIDENT WAS LINDERLYING TO 200 DESCRIPE HOW INTURY OCCURRE	D. (Enter nature of injury in Part I or Part II of item 18.)						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	C. Lanet Holder of Impery In 1811 1811 1811 1811 1811						
	ACE OF INJURY (Hame, farm, 20f. (City ar town) (Caunty) (State) ctary, street, affice bldg., etc.)						
p. m. 19 at wark at wark							
21. I certify that I attended the deceased from 4-27-6	8 , 1960, ta 7-16 , 1960, that I last saw the deceased						
alive on 0.19/ and that death	accurred at 8 3.M, fram the causes and an the date stated above.						
	ADDRESS (Street City or town, state)  DATE SIGNED						
ACTUAL AND COMPANY OF THE STATE	Lich 12.1 tel 11. 161.						
SIGNATURE CONCENTRATION OF THE SIGNATURE	M.D. Spould voy Min. July 19, (19)						
PHYSICIAN'S NAME (Type)							
	22d JOCATION (City town or county) (CA-1-)						
REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY O							
22 EMNEDAL DIDECTOR'S SIGNATURE	Walenter Trinces Ithne Ind						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC/D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						
MUT JUNA STEP TO MANGE	211) (1mm) DATE: 21:60						

ROSKI KUDVAKALIMIN KAN KE E17 1.88 SC 345 9-1 1-18 E170N the state of the s The said of the second of the said said the life of the property of the property of the state of and small was and resulting the randing of the file Terrus 

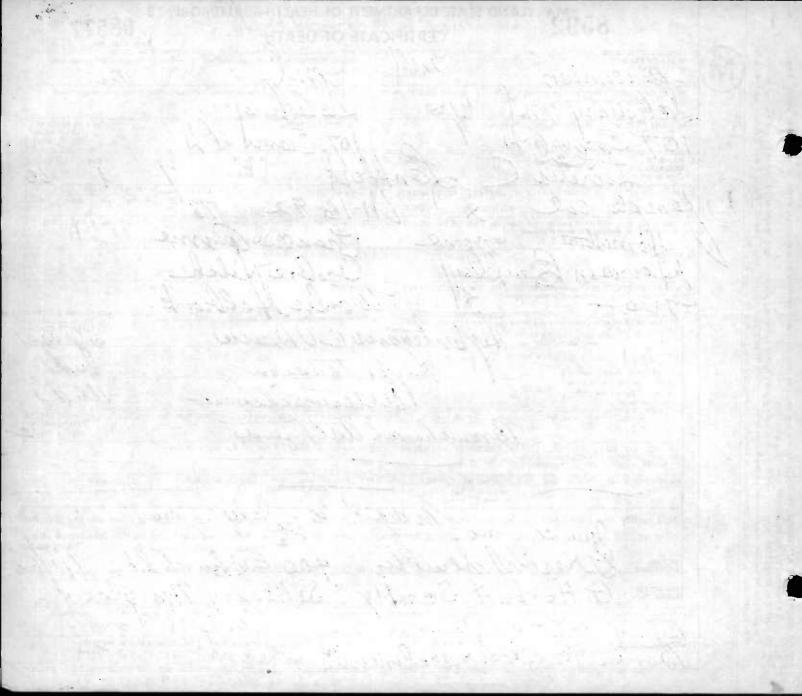
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08576

CERTIFICATE OF DEATH 8615 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY Wic Omico MARYLAND Wicomico Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Willards Willards Vrs d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? XX RFD YES NO First 4. DATE Middle Month Day Year OF Stella Mae July La Curts 1960 28 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER I YEAR IF UNDER 24 HRS. Days Hours White May 12, 1886 WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Own home Delaware USA 14. MOTHER'S MAIDEN NAME John W. Moore Anna Mariah Truitt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address William LaCurts Willarde, Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (o). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY & weeks IMMEDIATE CAUSE (o) DUE TO Himscleines Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) factory, street, affice bldg., etc.) Hour a. m. While Not while of work of work June 1 1960; that I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at 150 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, town, or county) Willards, Md. 220 BURIAL CREMATION, 22c NAME OF CEMETERY OR CREMATORY (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a, REC'D BY REGISTRAR

VS A15 (4) 15M 9/S5

MARYLAND STATE DEPARTMENT OF HEALTH BALTIMORE, 18	
MIAD TO STATISTICAL CONTROL OF THE C	
property of the second	141
	1 175 cm
to a manufactura de la company de la comp La company de la company de	
A STATE OF THE PROPERTY OF THE	To the last
novertin reduction seillin legent in the second second entering the second second entering the second entering	
THE STATE OF THE S	
	17.00
	a la diff
	社の典
CONTRACTOR OF ANTICON CONTRACTOR OF THE STATE OF THE STAT	



VS A1S (4) 1SM 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8593 CERTIFICATE OF DEATH 08578

Reg. Dist. No.

	1. PLACE OF DEATH a. COUNTY A/COMMIT COMMITTED MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland W1comico				
ĺ	b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Salisbury				
2	d. NAME OF HOSPITAL (IF not in hospital, give street oddress) OR INSTITUTION TENINS ala GENERAL HOSPITAL	d. STREET ADDRESS  301 W. College Ave  o. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \text{X} \)				
	3. NAME OF DECEASED (Type or print) AN E HULDA	MAHNEWS 4. DATE Month JULY 20 1960				
	Female White WIDOWED   DIVORCED	B. DATE OF BIRTH  July 7, 1886  9. AGE (In yeors lift UNDER 1 YEAR IF UNDER 24 HRS. Mooths and Hours Min.				
	10a. USUAL OCCUPATION (Give kind of work done of the lower during most of working life, even if retired)  Instructor at State  Teachers College	0.7				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
1	William A. Matthews	Ellen Gillette				
)	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, po. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service)	Springfield, Illinois				
	Urbries brates Deart Deart Deart Of Courrel OR CONTRIBUTING CAUSE OF DEATH OF ETHER, NOTIFY MEDICAL EXAMINER)  N/A	COUGA LIOU STON MUCCACULA DE PART DE ATHER DE LA COURTE D				
	Haur o. m. N/A 19 While of work at work	trary, street, office bldg., etc.) N/A				
	21. I certify that lattended the deceased fram Televalive an Televalive and that death ACTUAL SIGNATURE PHYSICIAN'S RUFUS S. CARONER, JR. MAME (Type) RUFUS S. CARONER, JR.	accurred at 4.5 P.M., from the causes and an the date stated above.  ADDRESS (Street points or Poyn, Istate)  DATE/SIGNED  PLANTING OF THE POYN AND THE STATE OF THE POYN AND				
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) July 25,1960 Oak Ridge	R CREMATORY 22d. LOCATION (City, tawn, or caunty) (Stole) Cemetery Springfield, Illinois				
i	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY MARY	TAND DATE JUL 25'60 24b. REGISTRAR'S SIGNATURE Cultur 8. Hours				

ATTRICK OF THE STREET THE PROPERTY AND PROPERTY. D. D. Electronical Mat 7 Lines Buleness of Cercy to deep adapting 10 horas Cetaracide it is bear to history with Marine History . The contraction of the contracti the tradebasis and the same of the same Little House S. C. A. Edold Kille ... Status but The mer the trial European To this house

#### CERTIFICATE OF DEATH

Reg. Dist. No. 18579

			The second secon		
1. PLACE OF DEATH o. COUNTY	mico	MARYLAND	2. USUAL RESIDENCE (Where de o. STATE Marylar		ence before admission) COM1CO
SCUIS DU		ts, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside	corporate limits, write RURAL and	d give nearest town)
	TAL (In not in hospital, g	1 11 -4.1	d. STREET ADDRESS	hillips Ave	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	MARY	BELLE	Oc Callety Di		Day Year 17 1960
Female	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRDH 0 0ct. 10,1873	9. AGE (In years - IFUNDI lost birthdoy) Months	ER 1 YEAR IF UNDER 24 HRS
during mast af wor	ON (Give kind of work of king life, even if retired)  R at Home	lane 10b. KIND OF BUSINESS OR IND None	Bishopville  14. MOTHER'S MAIDEN NAME	Crafts Haller Hall	US A
IS. WAS DECEASED EV	Collins ER IN U. S. ARMED FOR (If yes, give wor or dates of so	CES? 16. SOCIAL SECURITY NO.	Mary Elizab		10 Phillips
	ATH [Enter only one ca ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	use per line for (o), (b), and (c).]  Carles Alexander	compiusation	oury, Maryland	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gave rise to cause (a), stating lying couse lost.	ony, which (b)		ue heart des	eau	5 410
PART II. OT	HER SIGNIFICANT CON	ditions <u>contributing to death</u> be	JT NOT RELATED TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PA	19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. describe how injury occuri $\mathbb{N}/\mathbb{A}$	RED. (Enter noture of injury in Part I o	or Part II af item 1B.)	
ZOc. TIME OF INJU Hour a.m. p. m.	RY Month, Day, Yeo		PLACE OF INJURY (Home, form, 20f octory, street, office bldg., etc.)	(City ar tawn) N/A	(County) (State
21. I certify to alive an	Hellean	deceased fram		Ly 7, 1960, that I ram the causes and an tess (Street, city or town, stote)	last saw the decease he date stated above DATE SIGNE 7/17/6
PHYSICIAN'S Dr		D.Gray	Salisbury, Ma		
Burial	July 19	/60 Wicomico M	Memorial Park	Salisbury, Ma	ryland
23. FUNERAL DIRECTOR HOLLOWAY	& COMPANY	ADDRESS SALISBURY MA	RYLAND DATE JUL	0.0.100	S. Hour
		MANAGER DESCRIPTION IN	THE PARTIES OF MARKET		A. / VLANUE

physician and campletely filled in by the funeral directar, emove carbon papers. Pages 1 and 2 shauld be filed with ifter death. Page 4

requires that the death certificate be executed within 24

carbon papers.

remave

please ren attending

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached far use as the burial-transit permit. the registrar priar ta burial, crematian, ar remayal, and in any expenses. VS A1S (4) 15M 9/SB

0 / 0 0 0 0 WEIGHT PROPERTY THE PARTY OF THE PARTY STOLE The state of the s years who sail is well-Term of the little of the litt Mark 1975 - L. - 1976 - Mark 1976 - 1975 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 - 1976 the second of the second of the second Bullioned would be an and throw the state of the state of the Language Decrease of the Following control of the second o

#### DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

08580

0010

00	10	CIRTITION			00000
1. PLACE OF DEATH a. COUNTY W1C	omico	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Resident b. COUNTWICOI	ce before admission)
b. CITY OR TOWN RURAL and give	(If autside carporate limits, wri	c. LENGTH OF STAY IN 16		utside carporate limits, write RURAL and	give nearest tawn)
OR INSTITUTION	Salisbury-Me		d. STREET ADDRESS  R.D.# Sal	isbury-Meadow Br	e. IS RESIDENCE ON A FARM? 10 ges M NO
3. NAME OF DECEASED (Type or print)	First MARY	Middle CATHERINE	McGRATH	4. DATE Month PORC	15th 1960
S. SEX	6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	
Female	White woo	OWED DIVORCED	NOV.15. 18	75 last birthdoy) Months	Days Hours Min.
10a. USUAL OCCUPAT	ION (Give kind of wark dane I rking life even if retired) rK at Home	10b. KIND OF BUSINESS OR INDU		ounty Maryland	ZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME	
William	m Hastings		Eliza Work	man	
		16. SOCIAL SECURITY NO.	o Edgar H.Mc	Grath(Son) <sup>Address</sup> uit	land, Maryla
Conditions, if gave rise to cause (a), stating lying cause last	the under-	Generaliz	Hemmos  ed arter  t not related to the termin	ishage solvinis	PERFORMED?
OR CONTRIBUTIN	/AS UNDERLYING   20b.   20b.   G   CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in F	ort I ar Part II of item 18.)	YES NOX
20c. TIME OF INJU Hour a. m. p. m.	NT /A 10 W		LACE OF INJURY (Hame, farm, pactary, street, affice bldg., etc.		County) (State)
sow the decer	assed olive on 15 9	ended the deceased from.  July 19 60, and that  July 18 60, and that	M.D. ATTENDING ME PHYS. 22d. ADDRESS	M, from the causes and on the	that (1) (we) last e date stated above.  22b. DATE SIGNED  16 /1960
22- 8110141 - C051447	ON DATE THEREOF	On MANE OF SELECTION	OD CREWATORY	224 LOCATION (City Assets	75

VR A1S (4) 1SM 9/59

TO HOSPI

ADDRESS SALISBURY MARYLAND

Fruitland Thurch Cem.

17,1960

COMPANY

24. FUNERAL DIRECTOR'S SIGNATURE

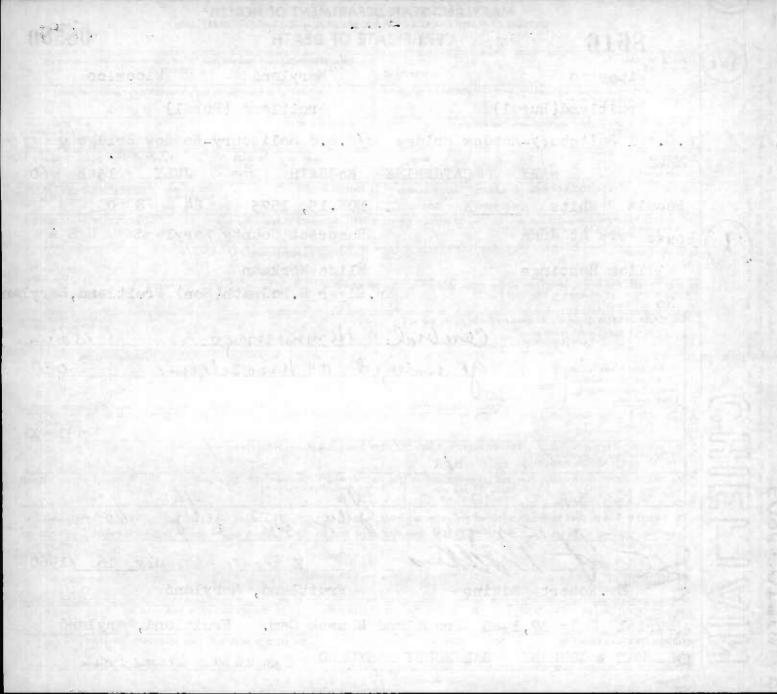
80

HOLLOWAY

25a. REC'D BY REGISTRAR 1111 2 0 '60

25b. REGISTRAR'S SIGNATURE arthur & Kraus

Fruitland, Maryland



# and camptetely (illed in by the funeral director, ban papers. Pages 1 and 2 should be filed with

fter death. Page 4

remove carban papers.

or removal, and in any event within 72 haurs after death

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

118581

8999	CERTIFIC	ATE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY UICOMICO	MARYLAND	2. USUAL RESIDENCE (Where o. STATE MARYLA	b. COUNTY	SOMERSET
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside CRISFIE		URAL and give nearest town)
d. NAME OF HOSPITAL (V not in haspital, give street Peninsula General	Hospital	d. STREET ADDRESS  12 COLL	INS ST	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CALVIN	WILLIS Middle	6111	DATE Mon OF DEATH July	7 19 6
5. SEX 6. COLOR OR RACE 7. MAR Male Negro WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  DEC. 7, 1914	9. AGE (In yegirs lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HR:   Months   Doys   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDI	USTRY 11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME  NILLIAM MILBE	DUENE	SALLIE	CARR	
(Yes, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 2	DOROTHY MILLS	DURNE, CE	PISFIELD, N/D
18. CAUSE OF DEATH [Enter only one cause per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine far (a), (b), and (c).]	na ofle	mg	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate couse (a), stating the under DUE TO		U	0	
lying couse lost. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8U	JT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	/EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	RED. (Enter noture of injury in Port	For Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. While p. m. 19 of wo	Not while	PLACE OF INJURY (Home, farm, 2 foctory, street, office bldg., etc.)	Of. (City or town)	(County) (State
21. I certify that I attended the decea		19(01), to 55PM		hat I last saw the decease ad an the date stated above
ACTUAL 100 000 000	and that deal	-	RESS (Street, city or town,	
PHYSICIAN'S WILLIAM R.	ELLIS, J	e. SALIS	BURY, N	10.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ha may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remove carl the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after TO HOSPIT VS A15 (4) 15M 9/5B

220. BURIAL, CREMATION, \_REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

EBENEZER ADDRESS

24a. REC'D BY REGISTRAR DATE JUL 15'60

24b. REGISTRAR'S SIGNATURE

22d. LOCATION (City, town, or county)

22c. NAME OF CEMETERY OR CREMATORY

A STATE OF THE PARTY OF THE PAR CLASS BUILT CONTRACTOR OF THE 

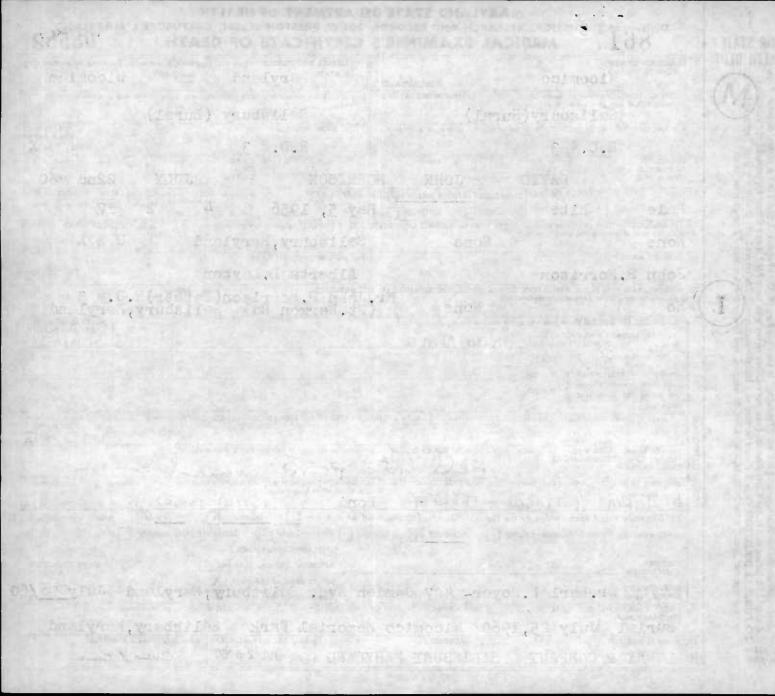
## FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any decay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in farly event, within 72 hours after death.

VS. A15ME 5M 7/59

#### MARYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DI CERTIFICATE OF DEATH 08582 Sivision 80 CERTIFICATE OF DEATH

a. COUNTY Wicomico MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)  a. STATE Maryland b. COUNTY Wicomico
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Salisbury(Rural)	c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town)  Salisbury (Rural)
d. NAME OF HOSPITAL OR INSTITUTION (il not in hospital, give street address)	d STREET ADDRESS   e. IS RESIDENCE ON A FARM?
R.D.# 3	R.D.# 3
3. NAME OF DECEASED (Type or print) DAVID JOHN M	ORRISON  4. DATE Month Day Year OF DEATH JULY 22nd 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.  Mgnths Day 7 Hours   Min.
Male   White   WIDOWED   DIVORCED	May 5, 1956 The period of May 5, 1956 May 5, 1956 Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life, even if retired)  None  None	Salisbury, Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John P. Morrison	Alberta L.Layton
y None	John P. Morrison (Father) R.D.# 3 (Mt. Hermon Rd) Salisbury, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DROWNING	INTERVAL BETWEEN ONSET AND DEATH SUDDEN
Conditions, if anyl which gever the to immediate cause (a), staling the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  208. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES \( \sum NO \( \) \( \)
	(Entar nature of injury in Part II of Item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clory, street, office bidg., etc.)  Pond  SALISBURY (W)
21. I certify that I took charge of the remains described above, h	eld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes , Accident K, Sui	cide, Homicide, Undetermined manner
ACTUAL SIGNATURE	CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S Dr. Earl L. Royer- 407 Camd	en Ave. Sea li shury Maryland July 25/60
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Spacify) Burial July 25,1960 Wicomico	Memorial Park Salisbury, Maryland
23. FUNERAL DIRECTOR  ADDRESS  HOLLOWAY & COMPANY SALISBURY MAR	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  EYT, AND DATE JUL 26'60  Only 8. Kroun
HOLLOWAY & COMPANY SALISBURY MAR	PYTAND DATE JUL 26'60 Orthun S. Krous

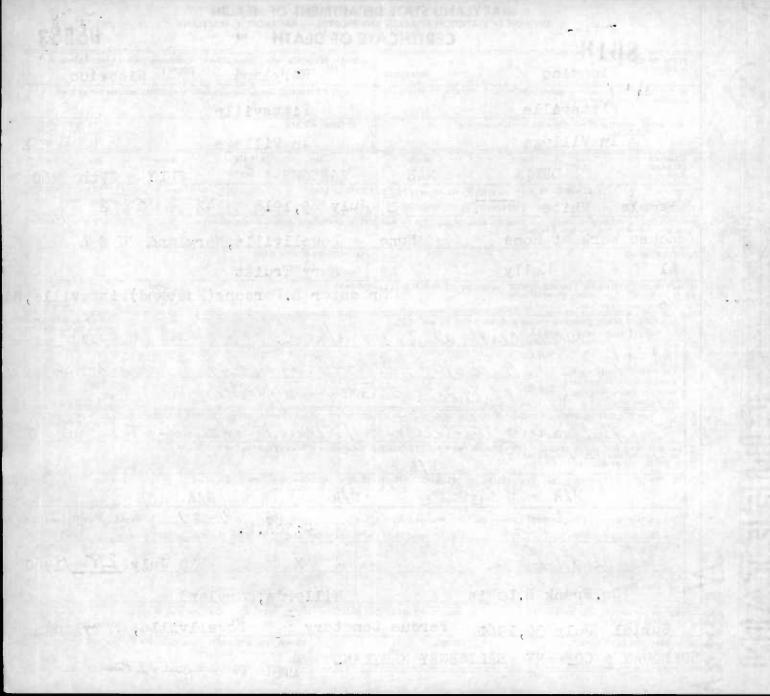


TO HOSPI

VR A15 (4) 1SM 9/59

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

0.0	10	CERTIFIC	CATE OF L	ZAIN			00000
o. COUNTY	icomico	MARYLA	O STATE	Mary	L.	COLLETY	nce before admission)
b. CITY OR TOWN (I	f outside corporate limits, egrest town)  1 ttsvålle	write c. LENGTH OF STAY IN	c. CITY OI		utside corporate limi	ts, write RURAL ond	give nearest town)
OR INSTITUTION	n Village	e street address)	d. STREET	ADDRESS In V:	illage		e. IS RESIDENCE ON A FARM? YES NO X
NAME OF DECEASED (Type or print)	Pirst DELLA	MAE MAE		ost SONS	4. DATE OF DEATH	Month JULY	Day Year 27th 1960
Female	7 73 0 4	MARRIED NEVER MARRIED	_	25,19	lost h	(In years IF UNDE months yrs.	Doys Hours Min.
during most of world	ON (Give kind of work do king life, even if retired) ORK at Hom	ne 10b. KIND OF BUSINESS OR NO:	INDUSTRY 11. BIRTH	PLACE (Stote of			IZEN OF WHAT COUNTRY?
FATHER'S NAME			14. MOTHER	'S MAIDEN N	AME		
Al	Kell	У		ry Tri			
	R IN U. S. ARMED FORCE III yes, give war ar dates of serv		MrLeste	r R.Pa	arsons(H	usband)	Pittsville,
005X/	mmediate the under. DUE TO  (c)_ HER SIGNIFICANT CONDI	advanced a Chronic in Tions CONTRIBUTING TO DEAT Y Staterculy	six Has	(bur,	timate	itisenit.	RT ((o) 19. WAS AUTOPSY PERFORMED? YES NO (X)
OR CONTRIBUTING	MEDICAL EXAMINER)	%. DESCRIBE HOW INJURY OCC					
20c. TIME OF INJUR Hour o. m. p. m.	N/A 19	20d. INJURY OCCURRED While of work of work	foctory, street, off				(County) (State)
saw the deceas	m A	attended the deceased fr	hey death accurr	ed of 307	M, from the co		(i) (we) last the date stated above.
220. SIGNATURE	ik Rain	ris	M.D. ATTENDI		D. STAF	July	28 /1960
22c. PHYSICIAN'S NAME (Type)	r.Frank R.	Lewis	22d. ADI		. Maryla	nd	
o. BURIAL, CREMATIC REMOVAL (Specify) Burial	July 30,	1704	ery or Crematory		1	lville,	Maryland
OLLOWAY	I Car all line a liberal	SALISBURY MA	ARYT.AND	25a. REC'I	D BY REGISTRAR	25b. REGISTRAR'S S	



TO HOSPIT

VS A1S (4) 1SM 9/SB

1

0.1	8596	CERTIFIC	CATE OF DEATH	1	Reg. Dis	1. No.
1. PLACE OF DEATH o. COUNTY	Icomico	MARYLANE	2. USUAL RESIDENCE (WI		COLLLITY	e before odmission) OMICO
b. CITY OR TOWN (I	f outside corporate limits, we carest town)	vrite c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF a Salis		s, write RURAL and g	ive nearest town)
d. NAME OF HOSPIT POR INSTITUTION PENINSULA	AL (Il not in hospital, give:	street oddress) HOSPITAL	d. STREET ADDRESS	lewton St		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOHN	PAUL Middle	PHILLIPS	4. DATE OF DEATH JU	Month G	Day Year
MALe	1 11	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTA	lort b	irthdoy) Months	YEAR IF UNDER 24 HRS Days Hours Min.
Owner & Op	king life, even if retired)	10b. KIND OF BUSINESS OR INI		or foreign country) antico, M		EN OF WHAT COUNTRY
	S. Philli			Phillip		
1S. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES' (If yes, give war or dates of service	? 16. SOCIAL SECURITY NO.	INFORMANT Irs.Mabel W.F Salisbury	hillips(	Wife)209	Newton S
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediote (	Surcente Ve Staph.	Aureus)	doeardet		Znis
ICATIC		ons <u>contributing to death</u> b				1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING   20b   CAUSE OF DEATH   MEDICAL EXAMINER)	N/A	RRED. (Enter noture of injury in	Port I or Port II of ite	m 18.)	
20c. TIME OF INJUR Hour o. m. p. m.	37 / 4	20d. INJURY OCCURRED 20e. While Not while of work of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.)	20f. (City or town	(Co	ounty) (Stote
21. I certify the alive an	attended the de My 9 Milliam	/ .	1960, to 3. the accurred at 12, p	1. /	uses and an the	t saw the deceased date stated above DATE 91GNE
	.William D	.Gray	Camden Ave		oury, Mary	land
REMOVAL (Specify) Burial	July 12/		s Cemetery		ury, Mary	
23. FUNERAL DIRECTOR' HOT.T.OWAY	& COMPANY	ADDRESS SAT.TSRILRY MA		1 5 .00	24b. REGISTRAR'S SIG	1.0

COLUMN TO COLUMN THE SERVICE OF trings and all supplements that agualina di sareny The second half the second second second second second second Company of the Company of the Design ANTERNA DE LA SELEN DESERVICION DESERVICION DE LA SELEN DESERVICION DESERVICION DESERVICION DESERVICION DE LA SELEN DE LA SELEN DESERVICION DESERVICION DESERVICION DESERVICION DESERVICION DE LA SELENCION DESERVICION DE LA SELENCION DESERVICION DE LA SELENCION DESERVICION DESERVICIO - S. Carlotte State Carlotte San Phan Stilles page 175 COL of San and San St 8597

moy be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral-dipage 3 shauld be detached for use as the burial-transit permit. Then please remove corbon-pages. Pages 1 and 2 shauld be file the registrar priar to burial, crematian, or remayal, and in ony event within 72 hours ofter death.

VS A1S (4) 15M 9/58

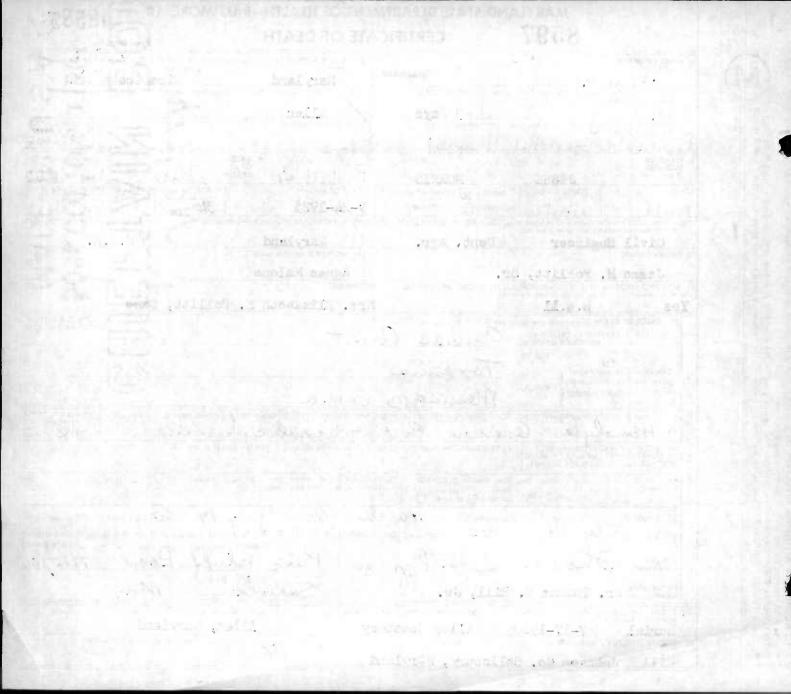
ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 ha

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

08585 Reg. Dist. No.

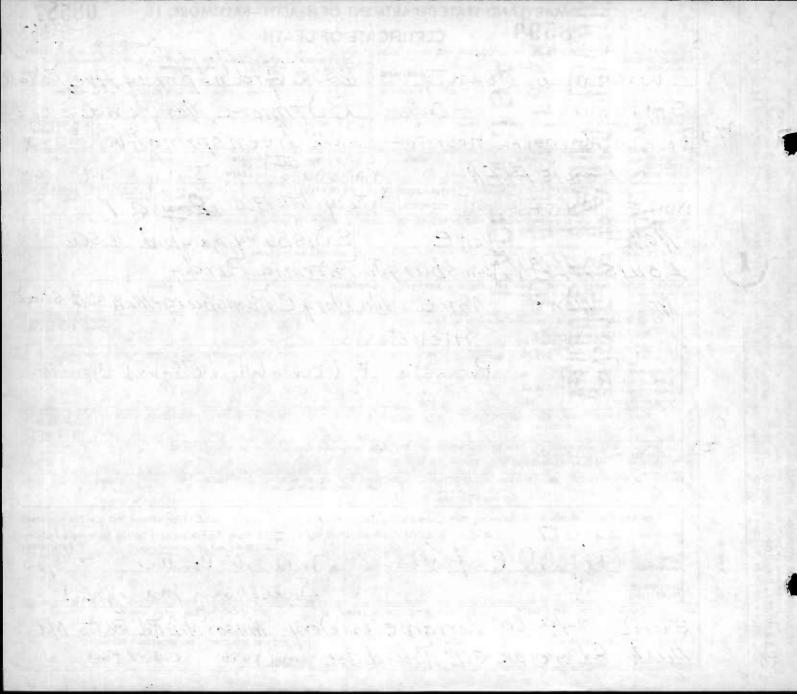
1. PLACE OF DEATH		MARYLA	O STATE	IDENCE (Where dec	eased lived. If institution b. COUNTY	n: Residence b	pefare admissi	ion)
	mico		Mar	yland		mico		V
RURAL and give n	If autside carporate limits, w earest town)	rite c. LENGTH OF STAY IN	IB C CITY OR	TOWN (If outside o	carporate limits, write RL	IKAL and give	nearest town	,
Salisbur	74	3 Days		len				
OR INSTITUTION	TAL Nf nat in haspital, give s	treet address)	d. STREET	ADDRESS			e. IS RESI	FARM?
Peninsulo	u General	Hospilal		- 24 -			YES 🗌	NO V
3. NAME OF DECEASED	First	Middle	Lo	4. DA		h	Doy 1	Year
(Type ar print)	JESSE	MORRIS	Poll it	Un DE	YING HTA			1960
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years last birthday)			
male	122/ to. WIL	DOWED DIVORCED	9-24-19	925	34 yrs.	Months Da	ys Haurs	Min.
10a. USUAL OCCUPATION	ON (Give kind of work dane	10b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTHE	PLACE (State ar farei	ign country)	12. CITIZEN	OFWHATC	OUNTRY?
	king life, even if retired)	Dept. Agr.	Me	ryland		U.S.	Α.	
13. FATHER'S NAME	ing Inou	Dobo, Agr.		S MAIDEN NAME		0.0.	220	
Jesse M	. Pollitt, Sr		Agnes	Malone				
1S. WAS DECEASED EVE	ER IN U. S. ARMED FORCEST	16. SOCIAL SECURITY NO.	INFORMANT	3 114110	Addr	955		===
{Yes, no, or unknown}	(If yes, give war or dates of service)		Mno Fld	sabeth F	Pollitt, S	Some		
Yes		1	MIS. BI	LZAUGUII E.	י פטטבבנטו		INTERVAL BE	TIMEEN
	ATH WAS CAUSED BY:	per line far (a), (b), and (c).]	2. 1				ONSET AND	
1 -	IMMEDIATE CAUSE (a)	cardiae (	erresy					
05%	DUE TO							
Conditions, if o		10xemia						
gave rise to i	DITE TO	101-						
lying cause last.	(c)	Meningic	occe mic	2				
PART II. OT	// / ^	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED T	O THE TERMINAL DI	SEASE CONDITION GIVE	EN IN PART 1	a) 19. WAS /	AUTOPSY RMED?
3 HEmu	olytec Cer	unia le	e The	onlocy	topenia		YES	
20g. ACCIDENT W.	AS, UNIDERLYING 206 G CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCC	URRED. (Enter nature	af injury in Part I/a	r Part (1 af item 1B.)			
N 20c. TIME OF INJUI	RY Manth, Day, Year	20d. INJURY OCCURRED 20	e. PLACE OF INJURY		(City ar tawn)	(Cau	nty)	(State)
20c. TIME OF INJUI Haur a. m. p. m.		Vhile Nat while t wark at wark	factory, street, affi	ce bldg., etc.)				
		440.	00	0. (	0 111(0			
-	hat I oftended the de	1 -		2., to 7W	Ly 17, 1960	hot I lost	sow the d	eceased
alive on O	ily 17	19 <u>60</u> , and that de	eoth occurred a		om the couses and			
ACTUAL	The	0 11:00	1	ADDRE	SS (Street, city or tawa	state)	- / / A	E SIGNED
SIGNATURE_	Nomes	C. Acch	M.D	are le	suff to	of.	1/15	160
PHYSICIAN'S DI	. Thomas C. H	Hill, Jr.		Salesle	ury -1	nd.		
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREOF	22c. NAME OF CEMETE	RY OR CREMATORY	22d. U	OCATION (City, town, a	r county)	(State	(e)
REMOVAL (Specify Burial	7-17-1960	Allen Cemet	tery	Al	Jen, Maryla	nd		
23. FUNERAL DIRECTOR		ADDRESS		24a. REC'D BY RI		TRAR'S SIGN		
Hill & J.	ohnson Co. Sa	lisbury, Maryla	and	DATE JUL 2	0 '60	lan of Hi	mar.	
	TAMES OF THE PARTY							



ARYLAND_STAT	E DEPARTMENT OF HEALTH—BALTIMORE,	18 0.25 20
	CEPTIFICATE OF DEATH	00000

0000				Reg. D	ist. No.	
1. PLACE OF DEATH a. COUNTY  W. Comico	MARYLAND	2. USUAL RESIDENCE (W		If institution: Reside	ence before admiss	ian)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give negtest tawn)	NGTH OF STAY IN 16	C. CITY OR TOWN (IF	ess A	its, write RURAL and	d,	1)
d. NAME OF HOSPITAL (If not in hospital, give street address PRINSTITUTION	Hospital	d. STREET ADDRESS	1	) X-		IDENCE FARM? NO
NAME OF First DECEASED (Type or print) Cecie	Middle	Porter	4. DATE OF DEATH	Manth	0	Year 19 60
	NEVER MARRIED DIVORCED	B. DATE OF BIRTH		(In years IF UNDE	Days Hours	R 24 HR
Oa. USUAL OCCUPATION (Give kind of work dane lob. KIND ( adulting most of working life, even if retired)	OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (State	ar fareign country)	12.CI	TIZEN OF WHATE	OUNTRY
S. FATHER'S NAME		Flizabet	NAME H	ender	507	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If yes, give war or dates of service)	SECURITY NO.	alph Porti	er Pr	Address	Anne	No
18. CAUSE OF DEATH [Enter only one cause per line for (	a), (b), and (c).]	ticate	bo		INTERVAL BE	TWEEN
DUE TO  Canditians, if any, which	nog	are Q e	or er	nac	ZM	Carpo I
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u>   DUE TO   (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRI  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	BUTING TO DEATH BU	IT NOT RELATED TO THE TERM	SINAL DISEASE CON	DITION GIVEN IN PA	RT 1(a) 19. WAS PERFO	RMED?
	IOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of i	tem 1B.)		
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY While N p. ro. 19 at wark □ a	lat while fo	PLACE OF INJURY (Hame, far actary, street, affice bldg., et	m, 20f. (City or tow	n)	(Caunty)	(State
21. I certify that I offended the deceased fro	. 1	1 1960, 10	uly 9	, 19.6 Pat I		
ACTUAL AC	and that dear	h occurred at	ADDRESS (Street, ci	auses and an the		E SIGNE
PHYSICIAN'S NAME (Type)		- My. J	J'		01	1_/
	NAME OF CEMETERY	OR CREMATORY	224 LOCATION (6	city, lawn, ar caunty	nne (Sid	7/
FUNERAL DIRECTOR'S SIGNATURE PRINCE	ADDRESS AF	PLEE THE DATE !!	D BY REGISTRAR	24b. REGISTRAR'S	IGNATURE #	

Pacis Knach Md Elizabeth Heracen Kalon Perice Francess ATTER NO. 



the registrar priar

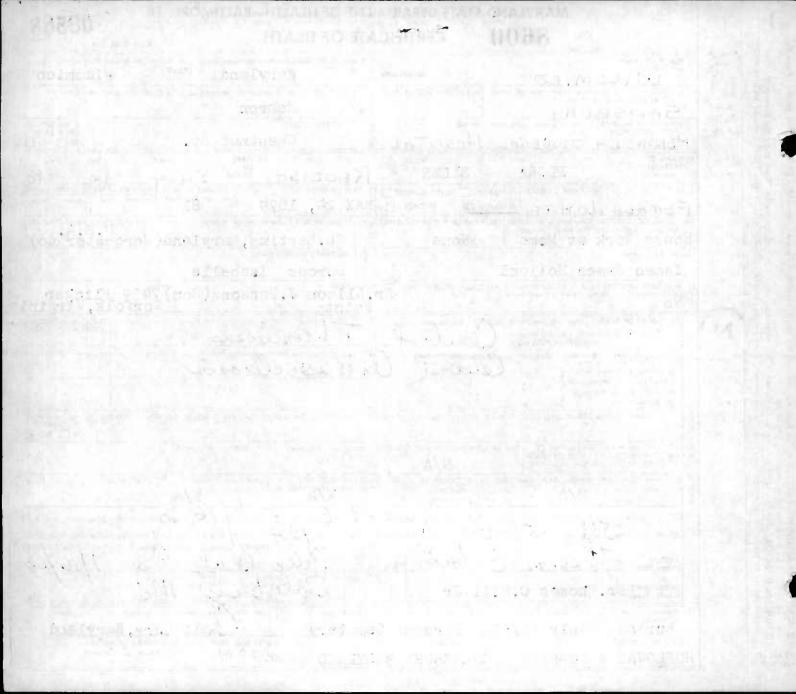
VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8600

08588

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  MARYLAND  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b. COUNTY  Wicomico
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  SALISBURY	b CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Hebron
d. NAME OF HOSPITAL (If not in Hospital, give street address) OR INSTITUTION PENINSULA GENERAL HOSPITAL	d. STREET ADDRESS  Chestnut St.  e. IS RESIDENCE ON A FARM? YES \( \) NO \( \)
3. NAME OF First Middle DECEASED (Type or print) FLORA ELLEN	Last 4. DATE Month Day Year OF DEATH TILL 19 600
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost buthday)  Months Days Hours Min
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work at Home None	
13. FATHER'S NAME Isaac James Holland	14. MOTHER'S MAIDEN NAME Dorcas Isabelle
	r.Allson J.Parsons(Son)7439 Flicker Point Norfolk, Virgini
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	ONSET AND DEATH  OF THE SERVICES  BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	PERFORMED? YES NO NO
24/22	PLACE OF INJURY (Home, farm, foctory, street office bldg., etc.) N/A (County) (State
21. I certify that I attended the deceased fram was alive an Sury 15, 1960, and that deceased fram ACTUAL SIGNATURE C. Hill Jr  PHYSICIAN'S Dr. Thomas C. Hill Jr	ath accurred at J. A.M., from the causes and on the date stated above ADDRESS (street, day or town) Total J. 16 60  Salis bury M.D.  Salis bury M.D.
	Cemetery Salisbury, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOLLOWAY & COMPANY SALISBURY M	AARYLAND DATE JUL 2 0 '60 246. REGISTRAR'S SIGNATURE COLLING & Trans



DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hy

TO HOSPI

VR A15 (4) 1SM 9/59

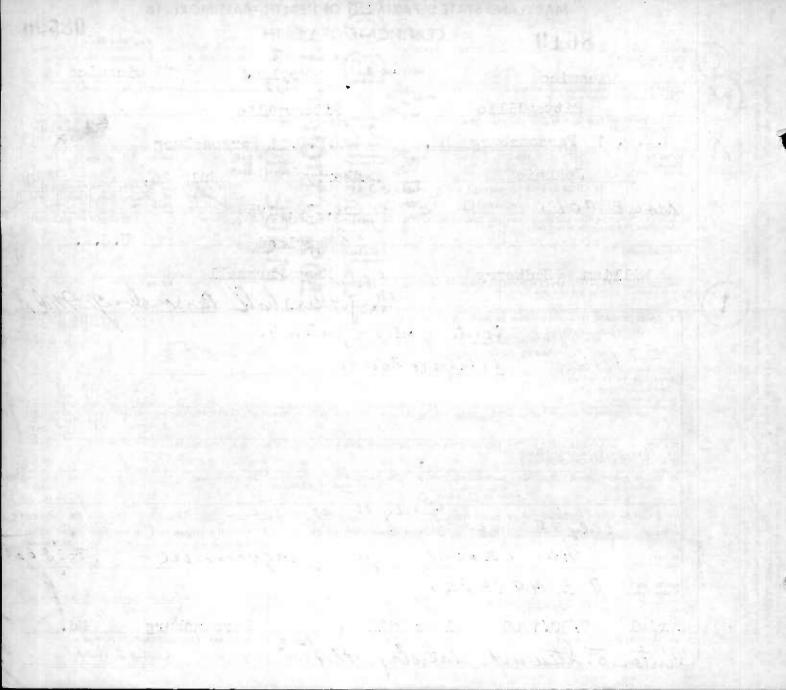
ofter death. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1. PLACE OF DEATH a. COUNTY Wicomico	MARYLAND	2. USUAL RESIDENCE (Who state Maryland	nere deceased lived. b	COUNTY-	n: Residence befo orcester	/
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Maryland	1 mo. 4 days	c. CITY OR TOWN (IF o	city	nils, write RU	RAL ond give ne	arest tawn)
1	d. NAME OF HOSPITAL (If not in hospital, give street or Institution  Deer's Head State Hospital		d. STREET ADDRESS 602 Walnut	St.			e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED	Middle	Last	4. DATE OF	-Month	h Di	
	(Type or print) Katheri		Reid	DEATH	July	4	1960
		RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9/24/1884	9. AG	E (In years birthday) yrs.	Months Days	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dane 10 during most of working life, even if retired) HOUSEWITE	b. KIND OF BUSINESS OR INDU	Virgini:			12. CITIZEN O	F WHAT COUNTRY?
H	13. FATHER'S NAME	MUNICIPAL OF	14. MOTHER'S MAIDEN N	NAME		-7.54	
	George Linton		Mehila	a - Hinten	Mars	hall	
1	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)  1 (If yes, give war or dates of service)	6. SOCIAL SECURITY NO. 17. IP	FORMANT		Addre	988	
/	No	unk.	Hospital Rece	rds, Sal	isbury	, Md.	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise Ia immediate cause (a), stating the under- lying cause last.  CAUSE OF DEATH  [Inter any and cause per any and cause (b)  DUE TO  DUE TO  (c)	line for (a), (b), and (c).]  dieno Carcinoma o	of Breast with	Metasta:	ses	ON	ERVAL BETWEEN SET AND DEATH YEAR
	PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	inal disease con	DITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO 4
		ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in f	Part I ar Part II af i	item 18.)		
	Hour a.m. Wh		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		vn)	(County)	(State)
	21. I certify that (I) (this haspital) atters saw the deceased alive on J11 137	1			July 4		hat (I) (we) last e stated abave.
	22c. SIGNATURE	ury	M.D. ATTENDING MI PHYS. DI 22d, ADDRESS	ED. STA	AFF YS.		7/4/60 PATE
	NAME (Type) Lee L. Lawry,	м.б.	Deer's Head	d State H	ospita	l, Sali	sbury, Md
	23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL (Specify) 7-6-60	23c. NAME OF CEMETERY O	ethodist	Pocomol		.,	(State)
1.1	24 FUNERAL DIRECTOR'S SIGNATURE also	Pocomoke C	1 to, Modoate W	D BY REGISTRAR	25b. REGIS	TRAR'S SIGNATU	JRE

ages a work to brigger want state Company of the second of the s .0.1 .gval (Tan Succession of the first opening of the state of the state

		MARYLAND STATE DEPARTM	ATE OF DEATH	Reg. Dist. No. 0859
C	1	PLACE OF DEATH  COUNTY  Wicomico  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. o. STATE Marvland b.	If institution: Residence befare admission) COUNTY Wicomico
(M)		c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Pittsvillie	c.*CITY OR TOWN (If autside carporate limi	ts, write RURAL and give nearest tawn)
X		s. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION R.F.D. 1 Parsonsburg Md.	d. STREET ADDRESS R.F.D. 1 Parsons	e. IS RESIDEN ON A FARM YES X NO
1	3.	NAME OF First Middle	Lost 4. DATE OF DEATH Tu	Manth Day Year
	5.		B. DATE OF BIRTH 9. AGE last	(In years IPUNDER 1 YEAR IF UNDER 24 Forthday)  Magths Days Haurs Mi
	100	USUAL OCCUPATION (Give kind of wark dane during mast of warking life, even if retired)		12. CITIZEN OF WHAT COUNT
	13.	William Sadberry	Mary Marshall	
1		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	INFORMANT War I hall Pe	Address July 9116
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute gastro	- enteritis	INTERVAL BETWEE
		57/ DUE TO Lelegaro to	Zea .	
		gave rise to immediate cause (a), stating the under-lying cause last.		
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a) 19. WAS AUTOF PERFORMED YES NO
(	CERTIFI	20°. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	EED. (Enter nature of injury in Part I ar Part II of it	em 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year	PLACE OF INJURY (Hame, farm, actary, street, affice bldg., etc.)	n) (Caunty) (St
		21. I certify that I attended the deceased from their		, 19,that I last saw the decea
		ACTUAL Suis & Barns	th accurred atM, from the co	
		PHYSICIAN'S RIE, MARESCH	м.р.	
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY (		ity, tawn, ar caunty) (State)
0		Burial 7/30/1960 Glass Hill		sburg Md.



08591

1. PLACE OF DEATH o. COUNTY				2. USUAL g. STA1		ere decease	d lived. If instituti	on: Residence	before adn	nission)
0. COOM11	Wicomico		MARYLAND	0. 317.1	Mary	land	b. COUNTY	Caro	oline	
RURAL ond give no			H OF STAY IN 16	c. CITY			prote limits, write R	URAL and gi	ve nearest to	own)
Salisb			8/25/53		Presto	n			T	
d. NAME OF HOSPIT	AL (If not in hospital, give	e street address)		d. STR	EET ADDRESS		05	Y a	10	RESIDENCE A FARM?
Pine Bl	uff State I	Hospital		R.F	.D. #2		0.5	1	YES	NO [
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Man	th	Day	Yeor
(Type or print)	Nels	son	William	Sch	ulke	DEATH	July		30	1960
5. SEX	6. COLOR OR RACE 7	MARRIEDE NE	VER MARRIED	B. DATE OF	BIRTH		9. AGE (In years last birthday)	_	YEAR IF UN	T
Male	White v	VIDOWED 🗍	DIVORCED _	April	7, 1910		50 yrs.	Months [	Days Hou	rs Min.
	ON (Give kind of work do king life, even if retired)	ne 10b. KIND OF E	BUSINESS OR INDE	JSTRY 11. BII	RTHPLACE (Stote	or foreign c	country)	12. CITIZ	EN OF WHA	TCOUNTRY
Farme		Farmin	D,		Marylan	d		US	SA	
I3. FATHER'S NAME				14. MOTI	HER'S MAIDEN N					
Theodore S	chulke			Ame	lia Fle	ckens	stein			
	R IN U. S. ARMED FORCE	57 16. SOCIAL SE	CURITY NO. 17.	NFORMANT	114 110	012011	Add	ress		- 15
	(If yes, give war ar dates of serv		n	oponde	of Pin	no Bla	aff State	Hoer	nital	
No CAUSE OF DEA	ATH [Enter only one caus	None		ecorus	OI TI	ie Dit	uii Stati	i most		BETWEEN
	TH WAS CAUSED BY:		lmonary	Tubono	ulosis					ND DEATH
0 400	IMMEDIATE CAUSE (0)_	Pu.	Imonary	lubere	ulusis				7 ye	ears
000	DUE TO									
Conditions, if a										
gove rise to i couse (o), stoting	DITE TO									
lying couse lost.	(c)_									
PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTRIBUT	TING TO DEATH BU	T NOT RELAT	ED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART	PER	AS AUTOPSY REORMED?
PART II. OTI	AS UNDERLYING 29 29 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCRIBE HOV	V INJURY OCCURR	ED. (Enter no	ture of injury in f	Port I or Pa	rt II of item 18.)			
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Year		while	LACE OF INJ octory, street,	URY (Hame, farm office bldg., etc	20f. (Cit	y or town)	(Co	ounty)	(State
21. I certify the	at (I) (this haspital) sed alive an7/	attended the d	deceased fram	XXXXX	25x 19 4:22e	No fram		, 19		
220. SIGNATURE	sed dilve dil1_/_	1	r and mar	deam acc	orred di	, MI, ITUM	The couses of	id on the		22b DATE
Edu	and P. K	itelun	in	M.D. ATTE	NDING MI	ED. RECTOR	STAFF PHYS.		7/30/	60 <sup>SIGNE</sup>
22c. PHYSICIAN'S NAME (Type)	Edward P. F	Ritchings	5		alisbur	у, Ма	ryland			
23a. BURIAL, CREMATIC	ON, 23b. DATE THEREOF	23c. NA	ME OF CEMETERY	OR CREMATO	RY	23d. LOCA	TION (City, town,	or county)	(5	State)
REMOVAL (Specify)	Aug.2.19		. O. U.	A. M	. Cem.	Pr	eston.	Md.		
24. FUNERAL DIRECTOR			RESS			D BY REGIS		STRAR'S SIG	NATURE	77.195
methe in	~ \	wer Fe	derelsh	12200 3	DATE AU	G 4 '6	60 an	Thur 8. 1	Kraus	
11011	Mand al I Trope	THE PERSON NAMED IN	LCIB ISDI	1 1 10 4 1	HER T DVIE		3 .	9 4		

DR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h.

TO HOSPIT VR A15 (4) 15M 9/59 September 19 Septe

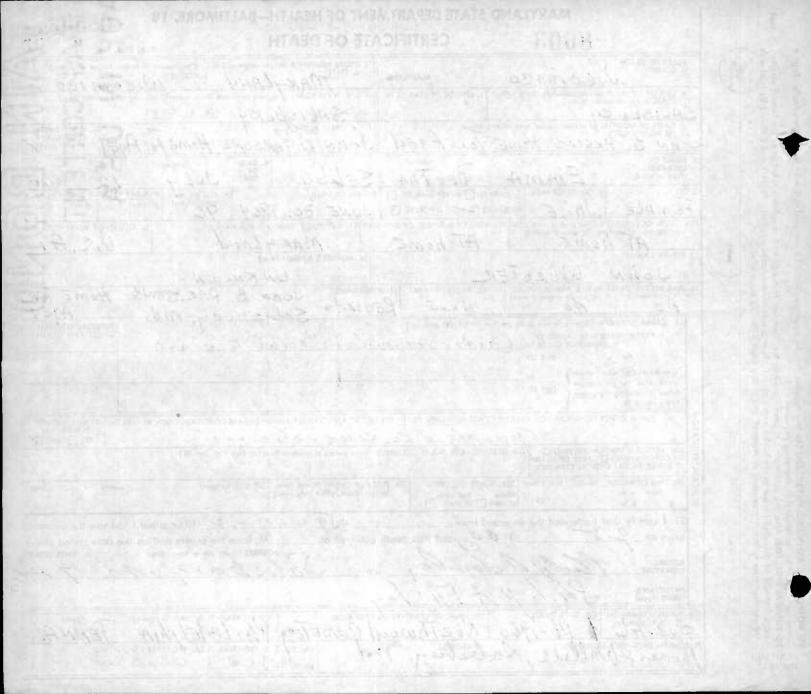
endical to the column to the c and the second of the second o entropy of the control of the contro 

And the second of the second o

VS A15 (4) 1SM 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	8603		CERTIFIC	CATE OF D	EATH		Reg. Dist. No.	
o. COUNTY	Vicomia		MARYLAND		ENCE (Where decease			odmission)
SALISBU	Ry		LENGTH OF STAY IN 16	c. CITY OR TO	OWN ( outside corpo	orote limits, write RUR		est town)  23 X = 2
or institution	· / 4 . 4 . 1 4	6	be Aged	John!	B. PARSON	4 Home F	A Aget	IS RESIDENCE ON A FARM? YES NO W
NAME OF DECEASED (Type or print)	Emm	rst A	BERTHA	SELLOST	4. DATE OF DEATH	July Month	Day 12	Yeor 1960
FEMALE	6. COLOR OR RACE	WIDOWED		JUNE :	30, 1864		UNDER I YEAR II	Hours Min.
A1	NION (Give kind of work korking life, even if retired NOME	done 10b. KIII	ND OF BUSINESS OR INE	DUSTRY 11. BIRTHPLA	CE (State or foreign of	ountry)	12. CITIZEN OF	WHAT COUNTRY?
John	N WUR	STER		14. MOTHER'S	MAIDEN NAME  UN KN	own		
S. WAS DECEASED E	(If yes, give yor or dates of		NENE 17.	ECORD'S	JOHN B.	PARSE	NS HO	ME FOR
Conditions, if gave rise to couse (o), stotic lying couse los	immediate and the under-	) )	ATDIGITING TO DEATH D	LIT MAY BE ATTO				
3	OTHER SIGNIFICANT CON	Jenes	of a low injury occur	e Luco a	releva	-		PERFORMED?
OR CONTRIBUTING	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)  URY Month, Day, Ye							
Hour o. m	10	While	Not while of work	foctory, street, office	ome, form, bldg., etc.)	or town)	(County)	(Stote)
21. I certify alive an	that I attended the	deceased , 19 G		th accurred at	M, from	the causes and refer, city or town, sta	d on the date	
29. BURIAL, CREMAT EMOYAL (Spect	TION, 22b. DATE THERES	960 2	NORTHWO	10		LAGELPH	ounty) PE	(State)
Leman +	Wallace	, Aal	ADDRESS	1	DATE JUL 1 4 '61		AR'S SIGNATURE of S. Hama	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

08593

	d	
ō	1	INA
8	1	INI
2	3/	- /
_	軍	
5	e	

fter death. Page 4

may be revained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funer page 3 should be detached for use as the burial-transit permit. Then please remover-earban papers. Pages 1 and 2 should be the State Board of Health priar to burial, cremotion, or remaval, and in any event within 79 hours after death.

DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPI VR A1S (4) 1SM 9/59

1. PLACE OF DEATH o. COUNTY	Vicomico		MARYLA	ND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased	lived. If instituti b. COUNTY			ssion)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)			1b	c. CITY OR TOWN (If o	utside corpore	ote limits, write R	URAL and give	e nearest tov	wn)	
	Maryland		1 mo. 3 da	ys	Princess	Anne,	Marylan	d		
OR INSTITUTION	ITAL (If not in hospital, s Head State				d. STREET ADDRESS		19	X	ON	A FARM?
3. NAME OF DECEASED (Type or print)	Maggie	st	Middle Irene		Sharrett	4. DATE OF DEATH	July		Doy 16	Year 19 60
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□  8	. DATE OF BIRTH		P. AGE (In years lost birthdoy)	Manths Do	YEAR IF UNI	
Female	White	WIDOW	Lake		Oct. 26, 186		90 yrs.			
during most of wo Housewif	rking life, even if retired	done 10b.	unk	INDUST	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY  Maryland USA					COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				-
Will	Liam S. Devi	lbis	S		Mary Cat	therine	e Kiefer			
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, IN	FORMANT		Add	ress		
unk	(, )		None	H	lospital Recor	rds	Salisb	ury, Mo	d.	
Conditions, if gove rise to couse (o), stating lying cause lost	immediate g the <u>under-</u> 	:)(:	purac	3	a cr	LTLE	ACKE	rosis	/	JS 2
PART II. O	THER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	H BUT I	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART 1	PERF	S AUTOPSY FORMED?
20a. ACCIDENT W	VAS UNDERLYING   G   CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY OCC	URRED	. (Enter nature of injury in I	Port I or Part	II of item 18.)			
20c. TIME OF INJU	10	While			CE OF INJURY (Home, form tory, street, office bldg., etc.		or town)	(Cou	unty)	(Stote
21. I certify the	at (I) (this haspita	l) attend Ly 16	ded the deceased fr	am. J	une 13, 196		July 16, the causes ar			
22o. SIGNATURE	tu Lo	tal	wy	٨		D. RECTOR	STAFF PHYS.	July :		226. DATE OGO SIGNED
22c. PHYSICIAN'S NAME (Type)	Lee L. Law	ry, M	.D.		22d. ADDRESS Salish	oury,	Maryland			
23a. 8URIAL, CREMATI REMOVAL (Specif DUTIAL	7-19-6		23c. NAME OF CEMET				ON (City, tawn,		Md.	rote)
24. FUNERAL DIRECTO	R'S SIGNATURE	1	ADDRESS			D 8Y REGISTI		ISTRAR'S SIGN		
Lein	7 13.11/1	1100	Princess A	nn	e, Md. DATE	1 21 6	0 :	11 - 9 -	K	

auto My cardial failer relay Quelified lecturations regine Michila Merch a share and carolidates and the agree of the fall of the 

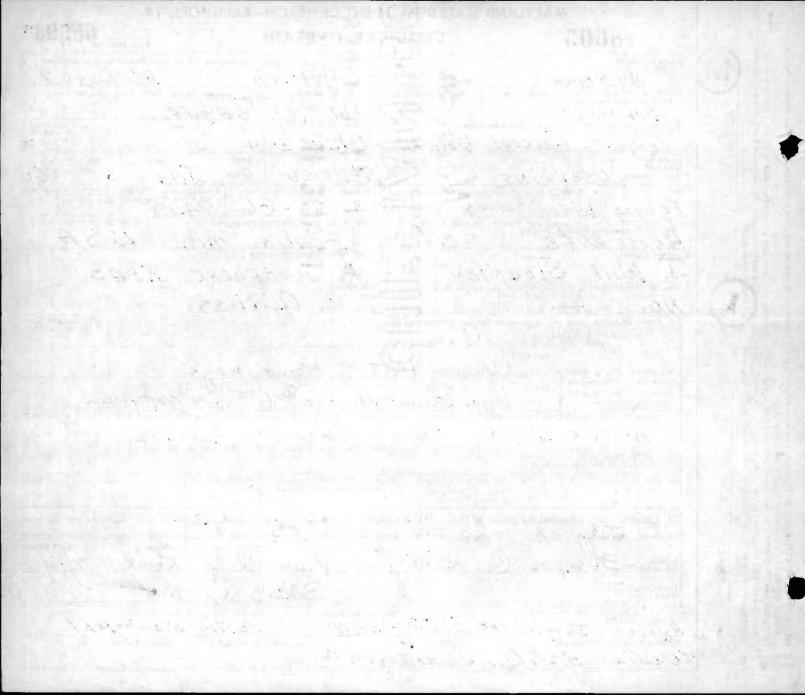
VS A15 (4) 15M 9/5B

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8605 c

#### CERTIFICATE OF DEATH

				110 81 0101	,
1. PLACE OF DEATH . o. COUNTY MICOMICO	MARYLAND 2.	USUAL RESIDENCE (When		COUNTY M A	before admission)
	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF out	tside carporote limit		
SALISBURY		Chinco	18A9L	E	33/5
d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION	15)	d. STREET ADDRESS	15	T	e. IS RESIDENCE ON A FARM? YES NO D
PENINSULA (SENERAL HI	OSILIAL IIC	1EUE /AN			
3. NAME OF DECEASED (Type or print) OSEPHINE	Middle 57	Fock/Ey	4. DATE OF DEATH	Worth 13	Day Year 1960
5. SEX 6. COLOR OF RACE 7. MARRIED WIDOWED W	NEVER MARRIED B. C	DATE OF BIRTH	9. AGE	-11 4 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND		11. BIRTHPLACE (State of	r foreign country)		EN OF WHAT COUNTRY?
during most of working life, eval if retired)  HOUSE WIFE S	214	BEYLIN	mo	1, 25.	SA
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	ME		
J. Will Slockle	Y	A. JOSA	PHENE	KEA	3
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCY (Yes, no, or unknown) (If yes, give war or dates of service)	AL SECURITY NO. INFO	RMANT R	11,55	Address	
IB. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c), ]		11.33		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:					ONSET AND DEATH
296X DUE TO	Kemia.	11	,		
Conditions, if ony, which ) (b) Wrin	ary front	HEmo	nhage		
gove rise to immediate couse (a), stating the under-	I Paringale	Envis aus	Thin	docutores.	ica
Iying couse last. ) (c) 77900	RIGUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY
Arterio-sclerotic	Cardio	Vascular	- DES	Sass.	PERFORMED?
200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (I	Enter noture of injury in Pa	ort I or Port II of ite		
S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY	OCCUPPED 200 PLACE	OF INJURY (Hame, farm,	20f. (City or town	10-	ounty) (State
Hour o.m. While		y, street, office bldg., etc.)	Zor. (City of lowing	(Co	ounty) (Stote)
21. I certify that I attended the deceased fr	ram Marci	, 196 C, to 25	- July 13.	190 that I last	t saw the deceased
alive an July 12 1960	, and that death oc		7		date stated above
701	11 11.		DDRESS (Street/city		DATE SIGNED
SIGNATURE THOMAS C.	Hilly M.D	Pune	Helf	Kood	7/13/60
PHYSICIAN'S NAME (Type)	0	Soles	sury.	Md	/ /
22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR CO	REMATORY	Berlin	y, town, or county)  maket	(Stote)
	ADDRESS	24g. REC'D	BY REGISTRAR	4b. REGISTRAR'S SIGN	NATURE
111111111111111111111111111111111111111	2/:- == = = 111	o Pa.			



TO HOSPI

VR A15 (4) ISM 9/59

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 8606

1. PLACE OF DEATH o. COUNTY	Wicomico	MARYLAND	o. STATE	here deceased lived. If institution b. COUNT	writion: Residence before admission) Worcester
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (IF	outside carporate limits, write	RURAL and give nearest town)
KUKAL and give ne	Salisbury	C - 15 - 17 - 17	Sto	ckton	23x-2
d. NAME OF HOSPIT	AL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION	Pen Gen Hosp		Non	ie	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First LAURA	Middle	TAYLOR	4. DATE MO OF DEATH JUI	onth Day Year Y 3rd 1960
5. SEX	6. COLOR OR RACE 7. MARR	NEW MARRIED TO	B. DATE OF BIRTH	9. AGE (In year	7-4 1700
Female	White WIDOW		Dec. 31.18	last birthday)	Mapths Days Hours Min.
	ON (Give kind af wark dane 10b.	- 0			12. CITIZEN OF WHAT COUNTRY
during mast af wark	king life, even if retired)				
IOUSE W	ork at Home	None		, Maryland	USA
			14. MOTHER'S MAIDEN I		
Charles				utten	
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	Neal Taylo	r(Husband)	Stöckton, Marylan
No					
	ATH [Enter anly ane cause per lin	ne far (a), (b), and (c).]	D. D PC	) (	ONSET AND DEATH
PARI I. DEA	TH WAS CAUSED BY:	firming Co	ruta c Va	Ded p	2 w/v.
1334	DUE TO			1	
Canditians, if a	ny, which ) (b) (P	selved Ar	this devis	Derre	- 6 unde
gave rise to i					
lying cause last.	(c)				
Z PART II. OTH		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION G	GIVEN IN PART 1(a) 19. WAS AUTOPSY
¥					PERFORMED? YES NO N
200. ACCIDENT WA	AS UNDERLYING T 206. DES	CRIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in	Part I or Part II of item 18.)	
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	N/A			
20c. TIME OF INJUR Haur a. m.		TIN	LACE OF INJURY (Hame, form		(Caunty) (State
Haur a.m.	N/A 19 While of wor	ANat while	octary, street, office bldg., etc.	N/A	
	at (I) (this haspital) attend			ta	, 19, that (I) (we) las
saw the deceas					and an the date stated above
22a. SIGNATURE	~	1, ,	deall oscoriou ar	,, dili ilio caosco c	22b. DATE
Wille	10 /d. fi	Then L.	M.D. PHYS.	IRECTOR   STAFF	June /1966
22c. PHYSICIAN'S NAME (Type)	.William H F	isher Jr.	Medical	Center Sa	alisbury, Maryla
23a. BURIAL, CREMATIO REMOVAL (Specify)	//	23c. NAME OF CEMETERY	emetery(St.	23d. LOCATION (City, town	Salisbury. Md.
Burial		ADDRESS			
4. FUNERAL DIRECTOR			DAME A SAME	- 100	SISTRAR'S SIGNATURE
HOLLOWAY	& COMPANY - S	SALISBURY MA	RYLAND DATE U	17 '60 a	W-M1 20. 100mm

Carlo Maria Carlo Maria The state of the board of the state of the s months of the second control to the second c the first the ground of the control ANTEST . THE S, 1984 . Bourses who bear (74. master) . . - Antestume, M. TO TOUR OF THE PARTY OF THE TAILED AND THE PARTY OF THE P

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
8607	CERTIFICATE OF DEATH	D

Don Dies No

08596

				Keg. Dist. No.		
1. PLACE OF DEATH o. COUNTY icomico	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	e deceased lived. If institution b. COUNTY	Residence before admission) Wicomico		
b. CITY OR TOWN (If outside corporate limits, write RUSAL and give negrest town)	c. LENGTH OF STAY IN 16 14 Months	c. CITY OR TOWN (If out	side corporate limits, write RI	JRAL and give nearest town)		
d. NAME OF HOSPITAL (If not in hospital, give street or OR INSTITUTION Hill Nursing		d. STREET ADDRESS Bridge	St.	e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print) Viola	Middle Johnson	Taylor	Mont OF DEATH July	Day Year 22 19 60		
F White WIDOWEI	D Z DIVORCED	8. DATE OF BIRTH June 17, 188	, , , , , , , , , , , , , , , , , , , ,	IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b. k during most of working life, even if retired)	None	TRY 11. BIRTHPLACE (Stote or Md.	foreign country)	12. CITIZEN OF WHAT COUNTRY? U . S .		
J. Clark Johnson		Mary Muss				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S [Yes, no_or yoknown] (If yes, give wor or dates of service)	12-10-2644	Mrs. Eva T	. Bennett M	ardela, md.		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMIN.		EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO		
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of wor						
SIGNATURE  PHYSICIAN'S O BUTTON  220- BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY OF	R CREMATORY 2	2d. LOCATION (City, town, o	7-23-60		
Burial July 24-60 23. FUNERAL DIRECTOR'S SIGNATURE Smith Funeral Home	ADDRESS Sharptown	24= 85C:D	A 70 10 A	TRAR'S SIGNATURE		

TO HOSPIT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h, after death. Page 4 may be recorded by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registror priar to burial, cremation, or remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/55

	CEPTIFICATE
The state of the s	
	THE PARTY OF THE P
The second secon	
	20 12 S TOTAL TOTAL STATE OF
	2 TOOL Development on complete the other bills
Controlling and with the Solid Landard Milliand All a Quilled to having the state.	
	The Asia Control of the Control of t
manuscript and the state of the	Manual Table 1 and 1 and 1

**ADDRESS** 

Salisbury

08597

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

5 YBS APP

PERFORMED? YES NO

(Stote)

DATE SIGNED

(Stote)

Maryland

24b. REGISTRAR'S SIGNATURE

Orthur S. France

240. REC'D BY REGISTRAR

JUL 29'60

Days

USA

(County)

ON A FARM?

YES NO

Year

19 66

10 VS A15 (4) 1SM 9/58

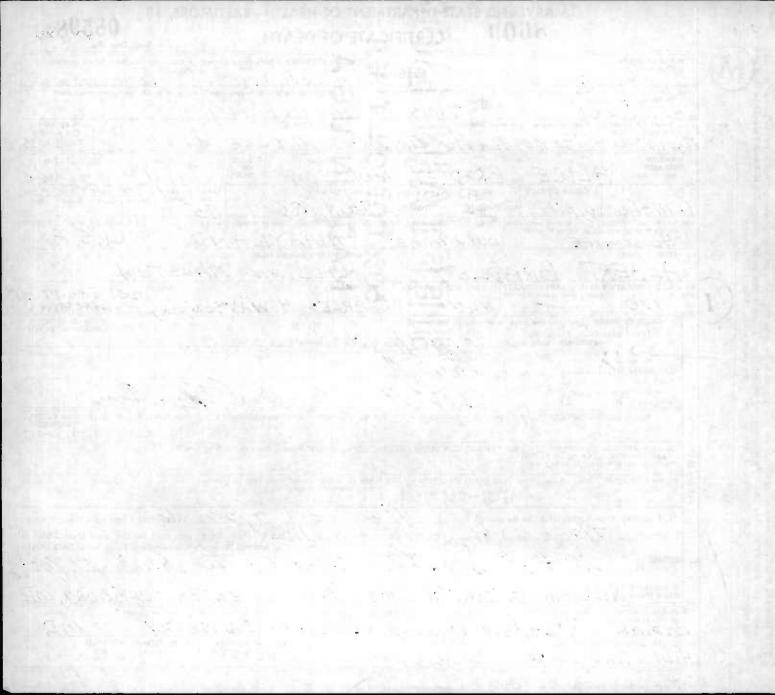
23. FUNERAL DIRECTOR'S SIGNATURE

Hill & Johnson Co.

And the state of t delication of the control of the con Therefore, to complete a fifth

remplings Kill to.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



8610

TO HOSF. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 4 may be related by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be file-from the State Board of Health priar to burial, cremation, or remayol, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND DH CERTIFICATE OF DEATH

a. COUNTY	Wicomico	MARYLAND	o. STATE Maryland b. COUNTY Wicomico				
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write neores town) Salisbury	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury				
d. NAME OF HOSP OR INSTITUTION	Pen Gen Hos		d. STREET ADDRESS  803 E. William St  803 E. William St				
3. NAME OF DECEASED (Type or print)	JAMES	CAREY	WILLIAMS 4. DATE Month Day Year DEATH JULY 13th 160				
5. SEX Male	6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH  NOV. 7, 1889  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   1 Open 1 YEAR   1 Open 24 HRS   1 Open 24				
10a. USUAL OCCUPAT during most of wo Retired	rking life, even if retired)	Rind of Business or Indu Painting	STRY 11. BIRTHPLACE (Stote or foreign country)  Berlin, Maryland  USA				
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME				
	. Williams		Ruth A. Carey				
(Yes, no, or unknown)	(Fr. IN. U. S. ARMED FORCES? 16 (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17, 11	Lee C.Collins(Cousin)105 New York Ave. Salisbury Maryland				
Conditions, if gove rise to couse (o), stoting lying cause lost	immediate DUE TO	ratter	milita ONSET AND DEATH				
CATIC		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \subseteq NO \( \subseteq \)				
	VAS UNDERLYING 20b. DE G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Port II of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	. While	e Not while fo	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)				
21.1 certify that (I) (this haspital) attended the deceased fram							
220. SIGNATURE 22c. PHYSICIAN'S	mitchel	1	M.D. ATTENDING MED. DIRECTOR STAFF July 15 /1960				
NAME (Type)	Dr.Andrew C.1	Mitchell	Maryland Ave. Salisbury, Maryland				
230. BURIAL, CREMATI		23c. NAME OF CEMETERY C	CEMETERY Salisbury, Maryland (Stote)				
24. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE				
HOLLOWAY	& COMPANY	SALISBURY MA	ARYLAND DATE				

